

Adult Informed Consent and Hold Harmless/Release Agreement For Shooting Sports and Archery



I understand that Blackland Prairie District has afforded my child the opportunity to participate in shooting sports during the 2013 Spring Camporee at El Rancho Cima Boy Scout Camp, April 5 - 7, 2013. My child desires to participate in any or all the following activities: Rifle shooting, Shotgun shooting, Archery, Slingshot, or Tomahawk throwing. I understand that the activities will be conducted in accordance with Boy Scouts of America (BSA) Guide to Safe Scouting relating to shooting sports and supervised by an adult leader who is trained and certified according to BSA requirements and each firearms range will be run under the direction of an NRA Range Safety Officer (RSO). I acknowledge that severe injury or death can occur from the improper handling of firearms, archery equipment, slingshots, and tomahawks. Participation in this activity requires participants to abide by applicable rules and standards of conduct. In consideration of the benefits to be derived and after carefully considering the risk involved, and understanding that this activity is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of participants and consent for my child to participate in the activity.

I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have had sufficient opportunity to read this document. I have read and understand it.

Participant's name: _____

Parent or Guardian name: _____

Parent or Guardian signature: _____

Date: _____

Emergency contact #'s: Home: _____

Cell: _____

Alternate: _____