



**Shooting Sports Activities Release, Indemnification, Hold Harmless and Assumption of Risk Agreement**

**Participant:** \_\_\_\_\_

**List any medication needed during this period (type/time/amount/etc.):** \_\_\_\_\_

**List any medication participant will be taking during the activities:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Personal Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

The above named participant has permission to take part in a course of instruction in the use of firearms and in the discharge of firearms or the adult participant is taking part in the described activities. I am familiar with the leadership in charge, the facilities, the curriculum and other circumstances of the activity. I certify that the participant is in good health and can participate in the activities.

The undersigned hereby expressly assumes the risk of taking part in the course of instruction in firearms and in the activities which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition. Participants engaging in paintball instruction or activities further acknowledge the risks inherent in such activities, caused in part by the impact of paintballs on the human body. Such risks include bruising, bone breakage, and damage to or loss of such functions as sight or hearing.

I understand that all reasonable measures will be taken to safeguard the health and the safety of the participant and that the PARENTS or EMERGENCY CONTACT will be notified as soon as possible in case of an emergency.

If the PARENTS or EMERGENCY CONTACT cannot be notified, I hereby give my permission to the Emergency Medical Personnel, Physician, Surgeon, and Hospital selected by the Unit Leader(s) to provide whatever emergency medical or surgical treatment is deemed necessary in the case of a medical and/or surgical emergency of the participant.

In consideration of the benefits to be derived from participation in this activity, any and all claims against the Boy Scouts of America, the Hawkeye Area Council, Venture Crew 2000, Inc., the Izaak Walton League, Cedar Sport Shooting Club, Inc., the property owners wherein activities are conducted or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage or other loss or harm to/or incurred or suffered by the participant named above or to his or her property, in connection with or incidental to the activity are hereby expressly waived by the participant and the participant's family or guardians.

The undersigned hereby acknowledges and agrees that the undersigned has read this instrument and understands its terms and is executing the agreement voluntarily. The undersigned furthermore certifies that the participant will at all times abide by all range rules and procedures and any other rules and procedures established by the instructors, range officers, referees or other officials. It is further acknowledged that participating in the program is a privilege that can be suspended or terminated by the instructors, range officers, referees or other officials if the safety of the participant or other participants is threatened by behavior not conforming to the standards of Venture Crew 2000, Inc. or Cedar Sport Shooting Club, Inc.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Parent/Legal Guardian)

**Phone # during event:** \_\_\_\_\_ **Emergency phone #:** \_\_\_\_\_

**Alternate Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_