



**Cowboy Action Shooting Release**

**PARTICIPATION AND HOLD HARMLESS AGREEMENT**

Circle Ten Council will be conducting a Scout cowboy action shooting program. In this program, Scouts will shoot a rifle, pistol, and shotgun under the supervision of an NRA Range Safety Officer and NRA certified instructors. For safety, Scouts must always wear eye protection and hearing protection while on the range. The Range Master expects all Scouts to abide by all safety rules and the instructions of the Range Safety Officer(s) (RSO) and rifle, pistol, and shotgun instructor(s).

I, the undersigned, give my child, \_\_\_\_\_, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release 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 all claims or liability arising out of this participation. For safety, my child and I agree that he/she will do the following or he/ she, the RSO will remove them from the program. I understand that I will not receive a refund of any additional costs associated with participation in this program if my child is removed for not following the rules below.

1. Complete a range safety briefing.
2. ALWAYS wear all safety gear while on the range.
3. Follow all the safety rules provided in the Cowboy Action Shooting Program briefing.
4. Follow the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s).
5. Do not handle the firearms until instructed to do so by the instructor(s).
6. **Participant is 14 years of age, or 13 and has completed the eighth grade**, as of the start of the class and will be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / guardian printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address (print): \_\_\_\_\_