

YOUTH WAIVER – Fall River Gun Club

WAIVER FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF PARTICIPATION)

Youth's Name (Print) _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided in the attached "FALL RIVER GUN CLUB WAIVER AND RELEASE FROM LIABILITY FOR SHOOTING RANGE" form, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Fall River Gun Club from any and all liabilities incident to my accompanying minor's involvement or participation in the events and activities and/or the use of related real and personal property as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Name of Parent/Guardian: (Print) _____

Parent/Guardian Signature: _____ Date _____

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Name of Parent/Guardian: (Print) _____

Parent/Guardian Signature: _____ Date _____