

Appendix C

The Salvation Army OUTDOORS SHOOTING SPORTS LIABILITY RELEASE FORM DUE BEFORE PARTICIPATION BEGINS

I understand that my child, _____, desires to participate in The Salvation Army Outdoors shooting sports. Related activities may include, but are not limited to NASP-style archery, firearms safety training and shooting pellet guns.

Involvement in these activities is strictly voluntary and is not a requirement for participation in camp or any other program of The Salvation Army. Participating in a shooting sports program may lead to contact with individuals who are experienced and inexperienced in shooting sports activities.

I am aware of and have discussed the following with my child:

1. All participants will be required to follow all safety instructions of instructors and other adult leaders at all times while participating;
2. Participants are not allowed to bring firearms, archery equipment, and/or ammunition. Only those provided for participants may be used.
3. Other participants may act in a negligent manner that could result in harm to my child.
4. Handling and discharging firearms or archery equipment may lead to injury, death, or loss to participants.

I recognize that the above outlined activities have inherent potential risks, which may cause injury, death, or loss to participants or other persons in the immediate vicinity. I have discussed with my child/charge the importance of following all directions and safety procedures, which will be outlined by The Salvation Army employees and/or volunteers prior to participation in shooting sports activities.

I understand that my child is not required to participate in this activity. I recognize that by participating in this activity, as with any physical activity, my child assumes risk of personal injury, but grant permission for him/her to do so, despite possible risks.

I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Participant Name	Participant Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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