

SAN JOSE ZOUAVES RIFLE CLUB JUNIOR DIVISION CONSENT FORM

I, _____ hereby authorize _____,

Parent or Guardian [print]

a certified instructor, or agent of the San Jose Zouaves Rifle Club to obtain the necessary medical or dental treatment and care by a licensed medical care provider in the event of injury to my minor child while participating in marksmanship training.

I understand that the range instructor or agent of the San Jose Zouaves Rifle Club will furnish a firearm (rifle) to _____

Child's name [print]

for the purpose of instruction in marksmanship training. This will include the proper handling, safety precautions and firing live ammunition under close supervision of an instructor or agent.

In the event that the minor child named above violates any range rules or regulations or demonstrates negligence in the handling of any firearm the child will be removed from the firing line and not allowed to continue with the marksmanship training for the remainder of the day. Repeated violations or negligence will result in dismissal from the San Jose Zouaves Rifle Club Junior Program.

I understand that club activities may be photographed from time to time and I agree to allow any photos in which my child may appear to be used for non-commercial club related publications.

I, _____, have read and explained the range rules

Parent/Guardian [print]

to my child named above.

Date: _____,

Parent/Guardian signature

Current date

Address to include Zip Code

Telephone where you can be contacted

Minors birth date: _____

Please provide two alternate phone numbers of family members or friends who we can contact in the event we cannot reach a parent or guardian.

Name and phone number _____

Name and phone number _____