

Tallahassee Rifle & Pistol Club
P. O. Drawer 7638
Tallahassee, FL 32314-7638
(850) 421-3998

PARENTAL PERMISSION AND RELEASE FORM

(Please Print or Type)

Scout Name _____

Troop _____

Date of Birth _____

I hereby give the above-named Scout permission to attend an activity at the shooting range of the Tallahassee Rifle & Pistol Club.

In consideration of my child being permitted to attend this activity, and in consideration of the use of the facilities of the Tallahassee Rifle & Pistol Club,

I hereby waive any claim or cause of action of any nature arising as a result of, or in connection with, the use of such facilities by my child, or arising from his presence on or about the property of the club, or his association with its instructors or representatives.

Parent or Guardian Signature:

Date signed _____

Printed Name _____

Address _____

ZIP _____

This form may be duplicated to provide additional copies.

