

Release Form

I, the undersigned parent or legal guardian of (Please Print Name of Child/Children) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

hereby request that he/she/they be permitted to participate in the WCSM District One Youth Shoot Scheduled for Saturday, 17 Jun 2017. In consideration of this request, I release and hold harmless the Weapons Collector Society of Montana for all liability which may occur while the designated child participates in the scheduled activities. I understand that the child will conduct live fire of deadly weapons under the supervision of an instructor.

Date \_\_\_\_\_

Parent or legal guardian signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

\*If signer is not parent or legal guardian, read and sign below.

I certify that I have the permission of the parent or legal guardian of the child/children listed above for participation in the Youth Shoot.

Signature \_\_\_\_\_

SPACE IS LIMITED! Please request either the Morning Session starting at 9AM \_\_\_\_\_ or the Afternoon Session starting at 1PM \_\_\_\_\_. Each session will be limited to approximately 75 shooters. Choice of session is "first come first served".

**THIS FORM MUST BE PRESENTED IN ORDER TO SHOOT.  
NO EXCEPTIONS!**