

**The American Legion Junior Shooting Sports Program
Liability and Medical Release**

PRINTED NAME _____

If I am injured or suffer illness or disease while participating in the programs of the _____ Shooting Club, except as may be caused by the gross negligence or reckless conduct of the _____ Shooting Club, I and my parent(s) or guardian(s) waive any legal claim against the _____ Shooting Club and its affiliating American Legion Post. If injured while traveling to or from any _____ Shooting Club activity by public, private or any other means of conveyance, I agree to waive any legal claims against the _____ Shooting Club, its leaders and its sponsors.

I give consent for the _____ Shooting Club to provide medical attention, transportation, and emergency medical services as warranted by the circumstances. (The club sponsor may require a guarantee of medical, doctor, or hospital bills.)

I state that I am in good physical condition and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation.

I further understand and agree to abide by the general rules of conduct prescribed for the members of the _____ Shooting Club and that violations may result in denial of privileges and a forfeiture of all fees paid.

I have read this release. I understand that it affects my legal rights and responsibilities and I hereby agree to its terms and conditions.

Signature of member

Date

Signature of Parent(s)/Guardian(s)

Date

For club members under 18, parent(s) or guardian(s) must sign the statement below:

I have explained to my son/daughter the aforementioned stipulated conditions and their ramifications and I further consent to his/her membership in the _____ Shooting Club. As his/her parent/guardian, I understand the terms of this release and hereby waive any claim(s) as set forth herein.

Signature of Parent(s)/Guardian(s)

Date