

BUXTON HOLLIS ROD GUN CLUB

YOUTH CONSENT FORM



Registration and Release From Liability

This form is to be completed by parent or guardian of the boy or girl who will be attending the following event. Complete 1 (one) form for each participant. A parent of responsible adult MUST accompany each participant.

PLEASE PRINT

EVENT: _____
DATE: _____ TIME OF EVENT: _____

Name of Youth: _____
Gender: M _____ F _____ U _____ Age: _____ Birth Date: _____
Parent's Name: _____
Parent's Address: _____

Parent's Phone #: (____) _____ - _____
Parent's email Address: _____
Address of Youth if different from above: _____

Youth's Phone # (if different from above): (____) _____ - _____
Name of Responsible Adult Participant: _____

I/We _____ do hereby permit my/our child to participate in the various activities offered by the Buxton Hollis Rod & Gun Club (BHR&GC).

I/We _____ do hereby release the BHR&GC and all sponsors and staff of the BHR&GC from any liability due to accident or injury incurred during the day's activities.

My/Our child has the following medical condition(s) that the BHR&GC should be aware of while my/our child participates:

I wish to volunteer to help as an adult staff member at today's event: Yes _____ No _____
_____/_____/_____

Signature of Parent of Guardian

I consent to use of my child's appearance/audio/video in any media for advertising purposes without reciprocation:
(Initial) Yes _____ No _____