

Parental Informed Consent Agreement and Medical Release For Trap Shooting Activities

I understand that participation in the Trap Shooting activities offered through Arlington Trappers, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact the Arlington Trappers is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my

(son/daughter), I have give _____ (name), my son/daughter, my consent to participate in all activities organized by the team including practice and competitive events. I hereby grant Doug Swatts full authority to take whatever actions he may consider warranted under circumstances regarding my child's health and safety. I understand that this is a supervised program and that group standards must be observed. I promise to support and uphold standards for behavior set forth by Mr. Swatts. I will accept the suggestions, instructions and recommendations of Mr. Swatts in all matters relation to personal conduct and safety.

I certify that this participant can meet the health and fitness requirement of this activity.

Medical conditions that warrant special attention as well as any medications that will accompany my child and/or instructions for administering the listed medications will be listed at the bottom of this Consent Agreement. My child may be treated for medical ailments except as noted below. In the event of illness or injury to my son/daughter while involved in this activity, I consent to the rendering of First Aid, X-ray examination, anesthesia, and/or surgical diagnostic procedures or treatments considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of serious illness or injury, reasonable efforts to reach me will be made.

I further agree to hold the Arlington Trappers, their officers, trustees, agents, representatives, affiliates, employees, coaches or anyone working on their behalf from any and all claims, demands, rights and causes of action (including but not limited to negligence and/or gross negligence), costs, expenses, compensation, attorney's fees, incidental or consequential damages, damages of any kind, or any other thing whatsoever, whether participating in shooting activities or otherwise, including but not limited to personal injuries, death and property damage.

I HAVE COMPLETELY READ AND FULLY UNDERSTAND THE FOREGOING RELEASE AND AGREE TO BE BOUND THEREBY:
(This form must have the signatures of both parents/guardians.)

_____	_____
Print Name (PARENT)	Print Name (PARENT)
_____	_____
Signature	Signature
_____	_____
Phone No.	Phone No.
_____	_____
Date	Date

Family Doctor _____ Phone # _____

Medical Insurance _____ ID Number _____

Claim Address _____ Claim Phone number _____

Allergies to food/drugs/etc. _____

Prescribed medication, including dosage and reason for medication _____

Known physical limitations _____

Student (Print Full Name) _____ Date _____

Student SSN _____ Birth Date _____