

# Veterans of Foreign Wars Post 3830

## RELEASE/ PERMISSION FORM

**IN CONSIDERATION** of the acceptance of my son/daughters participation in the Air Rifle event, I hereby waive, release, and discharge any and all claims for damages, which I might have or which may subsequently occur to my son/daughter as a result of his her participation in this event.

**THIS** Release is intended to discharge Veterans of Foreign Wars Post 3830, their respective agent(s) and employee(s) from and against any and all liability.

**THE** terms hereof shall serve as a release and assumption of risk for my heirs, executors, successors administrators and assigns in exchange for his/her participation in this event.

I, the undersigned, acknowledge that I am the parent/legal guardian of the participant and that my son/daughter is under no physical disability that would prohibit his /her involvement in this event.

My signature indicates that my son/daughter has my permission to participate in this event.

My signature also indicates that should it become necessary for my son/daughter to receive first aid or medical treatment for injuries sustained from this event, my permission is granted for such treatment.

I the undersigned attest and affirm I have read this document and agree to the above statements.

Participant

\_\_\_\_\_  
(Print or Type Name)

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Parent/Legal Guardian)