

CAPITAL CITY GUN CLUB
PO Box 7
Bismarck, ND 58502

RELEASE AND WAIVER OF LIABILITY

Comes now _____, as parent or legal guardian
of _____, a minor child of _____,

(Street)

(City, State, Zip), and do hereby acknowledge that the above named
child is and enrolled member of the Capital City Gun Club Youth Trapshooting Program.

That I, as a parent or legal guardian, acknowledge that the above named minor child will be participating in a trapshooting program that will involve the use of live shotgun ammunition and the use of real shotguns. That I have been informed the by Capital City Gun Club that all reasonable measures of safety will be employed, but there is still a possibility that injury might occur and I therefore hereby waive and release the Capital City Gun Club, it's heirs, it's executors, coaches, and it's assigns together with it's agents and employees from any liability which may result from and accident injuring the above named minor child or any of the minor child's property or any of my property which may be situated on the grounds of the Capital City Gun Club during the Capital City Gun Club Youth Trapshooting Program or any shooting facility.

I specifically acknowledge that the use of high powered shotguns and ammunition has the potential of being a dangerous sport and I hereby assume the risk for any harm or injury that may result from my allowing the above named minor child to participate in the Capital City Gun Club Youth Program of the North Dakota State Trapshooting Tournament.

I _____, as a parent or guardian of
_____, state that I have read the above paragraphs and
further state that I am aware of the terms of this **Release and Waiver** of Liability and that I herein
agree to the same.

Dated this _____ day of _____ 20__.

Witness

Parent/Guardian

Contact Numbers:

Home: _____ Cell: _____ Other: _____

My child is on the following medication(s):

The dosage of the medication(s) is as follows:

Other instructions with regards to my child are: