



Youth/Minor Firearm Permission Slip

Date: __/__/____

As the parent and legal guardian of _____

I understand that participation at Kings Gun Center involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter my consent to participate on the date above.

I hereby give permission to act as my child's guardian in my absence to (if applicable): _____

Parent/Guardian's Name (Print): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Waiver of Liability

Risk of loss: Shooter assumes all danger and risk of loss, injury or damage incidental to the discharge of firearms and weapons upon the shooting facilities, whether such loss, injury or damage shall be caused by the actual or passive negligence of Kings Gun Center or any of its employees, agents, or otherwise, and agree to discharge, release and hold harmless Kings Gun Center, its employees, agents, or otherwise from any and all claims of injuries that may arise out of or in connection with use of the facilities.

I have read and understand the liability waiver.

Parent/Guardian Signature: _____ Date: __/__/____

Acting Guardian Signature: _____ Date: __/__/____

Minor: _____ Date: __/__/____