

Informed Consent Form

I hereby give my permission for my child/myself _____ to participate in _____ which is taught in a hands on manner and may require physical contact. Further, I authorize Shoot Right to contact emergency personnel to provide emergency treatment for any injury or illness that my child/myself may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I/emergency contact cannot be reached and a reasonable effort has been made to do so.

Date _____

Parent, guardian or adult participant information:

Address _____

Home Phone _____ **Cell phone** _____

Family physician _____ **Phone** _____

Medical conditions (e.g., allergies or chronic illnesses) _____

Person to contact in case of emergency _____

Relationship with person _____ **Phone** _____

My child and I or Myself are aware that participating in _____ is a potentially hazardous activity. I assume all risks associated with participation in this sport, including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child/myself are known and appreciated by my child and me/myself.

We/I understand this informed consent form and agree to its conditions.

Child or Participant's signature _____ **Date** _____

Parent's or guardian's signature _____ **Date** _____