

Adams Conservation Club, Inc.
240 South King Road
Holland, Ohio 43528
419-865-3821

**Certification & Release of Liability
For Educational Instruction of Minor**

Parent/Legal Guardian Name: _____

Street Address: _____

City, State, & Zip: _____

Phone: (H) _____ (Cell) _____

Date of Birth: ___/___/___ Parent Last Four of Soc. Sec. # _____

Minor Child/ren (Under 18): _____

Date of Birth: ___/___/___

I, _____, parent/legal

guardian of _____,

a minor, who is below the age of 18, certify and affirm the following statements to **Adams Conservation Club, Inc (Adams)** for its consideration in permitting above minor to participate in the Junior Rifle educational program, and further affirm **Adams** may rely upon this certification & release, and voluntarily agree to the terms and conditions contained in this Certification & Release.

In consideration of above mentioned minor's participation and/or attendance at this indoor rifle range and with the understanding that their participation and/or attendance in BSA Erie Shores 2018 Spring Camporee is only on the condition that I enter into this agreement for myself and my

heirs and assigns, I assume the inherent and extraordinary risks involved in shooting ranges, and in any other activities connected with the 2018 Spring Camporee to a minor. I expressly assume the risk and accept full responsibility for any and all injuries (including death) and accidents that may occur as a result of said minor's participation in the 2018 Spring Camporee and release from liability the **Adams Conservation Club** and their officers, directors, agents, representatives and employees. I waive any claim I may later have as a result of any and all injury to person or property to said minor's participation in this Camporee Program, the use of necessary equipment and any other activities connected with this program in which said minor may participate.

I agree to indemnify all of the persons named above and other members and guests for all claims, including attorney fees and costs, which may brought against any of them by anyone claiming to have been injured as a result of any injury to me or my property that may occur as a result of this program.

I certify that I have read and fully understand this release. I am of lawful age and legally competent to make this agreement.

Dated: _____

Print Full Name: _____

Signature: _____

Other Emergency Contact

Name: _____

Phone Number: (H) _____ (Cell) _____