

Kewaskum High School Trap Shooting Participation Agreement

Supervision of this program is held by the Certified Coaches of the Kewaskum High School Trap Team. All participants are responsible for their conduct to the Coaching Staff, Kewaskum High School, and any individual assigned responsibilities by the Coaching Staff.

I, the undersigned parent or guardian of participant named below recognize the dangers present in the sport of trap shooting, the trap shooting range, and the activities associated with trap shooting.

I believe the Kewaskum High School Coaches and designated assistants are dependable, reliable and will provide a safe shooting experience. I understand that during the course of practice and training it may become necessary to move, adjust or position my child to demonstrate proper shooting forms and positions.

I hereby grant permission for my child to participate on the Kewaskum High School Trap Team. I knowingly and freely assume all risks, which include damage or loss of property, personal injury, and death. I understand that as a parent / guardian signing this form that I will be held financially responsible for any expenses above and beyond what the New Fane Gun Club insurance will pay. I assume all risk involved while using equipment supplied in this program. Participants are responsible for their own equipment.

My child and I have read, understand, and agree with the material presented in the Kewaskum High School Trap Team "Rules & Requirements", and the Kewaskum High School "Athletic & Competitive Teams CODE" booklets. My child and I fully understand these items and will adhere to them.

This is to certify as parent / guardian of this participant, I do consent to his/her release of the Kewaskum High School Trap Team Coaching staff, Kewaskum High School, New Fane Gun Club, Officers of the New Fane Gun Club, and all equipment supplied from any and all liabilities to his/her involvement in the Kewaskum High School Trap Team.

Print Name of Participant

Signature of Participant

Date

Print Parent / Guardian Name

Signature of Parent / Guardian

Date