Suffolk Alliance of Sportsmen, Inc. and Old Bethpage Rifle and Pistol Club, Inc.

70 Kean Street, West Babylon, NY 11704

If the participant is under eighteen (18) years of age, a parent, legal guardian or legal custodian must sign the following Parental Permission and Indemnification Agreement. This Parental Permission and Indemnification Agreement is required for all minors, at least twelve (12) but not more than eighteen (18) years of age, at the time she participates in this event.

participates in this event.				
Minor's name:				
Minor's date of birth:				
There shall be no charge, hereinafter referred to as event . Th notarized, at least one week before the In consideration for the absence Bethpage Rifle & Pistol Club, Inc., in the activities offered by or conduction in the activities offered by or conduction I agree to the following waiver, reactive I affirm that I am the pare of myself, herself and all other parand hold harmless, indemnify and volunteers, from and against any are or bought, by or on behalf of said any property and/or facilities mad Provider will be responsible well as targets, ammunition and right Provider will, also, be make	for participating in his Parental Permission he date of the event, become minor being per, hereinafter referred ucted, at Provider's felease and indemnificant, legal guardian on the forever defend Provided all claims, actions minor, by anyone, as he available by or the left for making available for the event. King available a free has any allergies and	on and Indemnification A before any minor may be ermitted, by the Suffolk A d to, individually and/or of facility, which may includication: r legal custodian of the a duture interest, including a wider, including its direct as, demands, expenses, liabs a result of said minor's rough Provider. able classroom and range lunch, plus various soft of alfor food sensitivities, please.	FIREARMS EDUCATIONAL even Agreement must be received, signed an	
Date	Signature of pa	parent or legal guardian/custodian		
Adult's home or work phone	Typed or printe	Typed or printed name of parent or legal guardian/custodian signing		
Adult's cell phone	Mailing address			
	City	State	Zip code	
Date	Signature of no	otary		

Notary's stamp