

**PACIFIC INTERNATIONAL TRAPSHOOTING ASSOCIATION
YOUTH-EDUCATION-SHOOTING**

CONSENT & WAIVER FORM

Participant's name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work _____ Cell _____

Birthday _____ Gender: Male _____ Female _____

1. Participant's parent or legal guardian hereby acknowledges that the YES program involves the instruction and use of a firearm.
2. Participant's parent or legal guardian understands there are risks and dangers associated with the use of firearms which could include serious bodily injury, death and property damage. Participant's parent or legal guardian agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with Participant's participation in any and all activities associated with the YES program.
3. In consideration for participation in the Y-E-S program, Participant's parent or legal guardian agrees to release, waive and discharge the Pacific International Trapshooting Association, its officers and directors, its agents and volunteers from any and all claims, demands, actions, suits, liabilities, losses, damages, judgments in connection with negligence by the Pacific International Trapshooting Association or its authorized representatives.
4. Participant's parent or legal guardian grants to the Pacific International Trapshooting Association permission to photograph, reproduce, publish, sell or distribute any or all likeness of the Participant in any form of media, publication, news article or printed material without limitations.
5. Participant's parent or legal guardian's signature below indicates they have read and understand this Consent & Waiver and it shall be binding on Participant's parents or legal guardian, their representatives, heirs, assigns and next of kin, and further that all provisions shall be interpreted pursuant to the laws of the State of Oregon, regardless of where this form is signed.
6. As the parent or legal guardian of the Participant I affirm that I have the authority to act on behalf of the Participant and do hereby give my consent for the Participant to participate in the YES program.

Parent or Guardian _____

Please print

Address _____

City _____ State _____ Zip _____

Phone _____ Work _____

Email _____

_____ Date _____

Parent or Guardian Signature

PITA Representative: _____ Date: _____

Signature

