



Deubrook Air Rifle Club

CONSENT TO PARTICIPATE

Student Information

Name: _____

Date of Birth: _____ Grade Level: _____

Email: _____ Cell Phone: _____

Parent/Guardian Information

Name: _____

Email: _____ Cell Phone: _____

Address: _____

1. I give my permission for my student to participate in the Deubrook Air Rifle Club.
2. Release all club officers, coaches and volunteers from any claim or liability that may arise directly or indirectly from my students presence or participation in club activities.
3. Agree to defend, indemnify and hold harmless the parties referred to in the above paragraph from any claim arising from any wrongful or negligent conduct by my student.
4. Agree that any photographs or videos of the participant taken during club activities may be published or reproduced by the club in its printed or electronic communications.

Student Signiture: _____ Date: _____

Parent Signiture: _____ Date: _____