



# Deubrook Air Rifle Club

CONSENT TO PARTICIPATE FOR SCHOOL YEAR 2024-2025

## Student Information

CMP Competitor # (if known): \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Parent/Guardian Information (Emergency Contact)

Name: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. I give my permission for my student to participate in the Deubrook Air Rifle Club; and
2. Release all club officers, coaches and volunteers, CMP and any other organization sponsoring or supporting such activity from any claim or liability that may arise directly or indirectly from my student's 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_