

**COWBOY ACTION SHOOTING PROGRAM**  
**PARTICIPATION AND HOLD HARMLESS AGREEMENT**

Camp Grimes (Mecklenburg County Council) will be conducting a Scout cowboy action shooting program. In this program, Scouts will shoot a rifle, pistol, and shotgun under the supervision of an NRA Range Safety Officer and NRA certified instructors. Scouts will be required to wear eye protection and hearing protection at all times while on the range. Scouts are expected to abide by all safety rules and the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s).

I, the undersigned, give my child, \_\_\_\_\_, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

**For safety, my child and I agree that he/she will do the following or he/she will be removed from the program.** I understand that any fees associated with participation in this program will not be refunded if my child is removed for not following the rules below.

1. Complete a range safety briefing.
2. Wear all safety gear at all times while on the range.
3. Follow all the safety rules provided in the briefing.
4. Follow the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s).
5. Do not handle the firearms until instructed to do so by the instructor(s).
6. Is 14 years of age, or 13 and has completed the eighth grade, as of the start of the event and will adhere to any applicable guidelines, including but limited to those established by the Council or by any program instructor, in its sole discretion, for the safety of the participants.

Participant signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_ Date: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_