

SHOOTING SPORTS AUTHORIZATION

Supplements BSA Annual Health and Medical Record "Part A: Informed Consent, Release Agreement, and Authorization" (BSA Doc # 680-001*) and Activity Consent Form (BSA Doc # 680-673**)

The Lincoln Heritage Council adheres to Scouts BSA’s longstanding policy of teaching its youth and adult members the safe, responsible, intelligent handling, care, and use of firearms and archery equipment in planned, carefully managed, and supervised programs. Planned shooting sports activities are conducted under the supervision of currently certified BSA National Shooting Sports Directors or National Rifle Association Firearms Instructors, or USAA Archery Instructors.

Participant’s Name: _____ **Troop:** _____ **Age:** _____

As the parent or guardian of the minor participant listed above, I hereby give my express consent and permission to the Lincoln Heritage Council BSA and its Shooting Sports Staff for the participant to engage in the following lawful, recreational shooting sports, including instruction in the safe handling of the devices listed below and related activities. In the case of activities involving firearms, I hereby additionally consent to the participant being furnished and possessing live ammunition for use during such activities.

(Please mark each applicable category of permission granted, and Initial each entry)

Scouts BSA/Venturing/Explorer/Sea Scout:

- Archery, bow and arrow Initial _____
- Tomahawk Throwing Initial _____
- Paint Ball Initial _____
- Rifle Initial _____
- Shotgun Initial _____
- Cowboy Action/Pistol Shooting Initial _____
- Wrist rockets/sling shots Initial _____

* Informed Consent, Release Agreement, and Authorization: I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

** I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable 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.

Parent or Guardian Name (print): _____

Signature: _____

Date: _____