

**Elkhorn Trap Club
Liability Release Form**

My son/daughter, _____ has my permission to be a member of the **Elkhorn Trap Club**. He/she has permission to take part in all practices, meets, and events offered by the club throughout the year. Most practices will be held at the **Fremont Izaak Walton Valley Trap**. I understand that my son/daughter will need to find their own transportation to practices, meets, and other events offered by the club.

I understand that this is a club activity and that I am responsible for all expenses that my son/daughter may incur as a member of this club and its activities.

I understand that trap shooting can be a dangerous activity and I am knowingly granting my son/daughter permission to participate in and be a member of the **Elkhorn Trap Club**.

I understand that at NO time can a firearm be brought onto school property for any reason.

I understand that the **Elkhorn Trap Club staff, all club sponsors, administrators, Elkhorn Public Schools, Fremont Izaak Walton Valley Trap and its staff and other members** will be waived of any responsibility from injuries or accidents which may result from **Elkhorn Trap Club** activities and events.

I understand that my son/daughter will need to supply their own firearm, ammunition, and fees for practices and meets in this club, and that **Elkhorn Public Schools**, and the **Fremont Izaak Walton Valley Trap** will not be furnishing the equipment and supplies needed to participate.

I understand that my son/daughter's grades from the previous two semesters will be accessed and released to the **Eastern Cornhusker Trapshooting Conference** for consideration of its **Academic Excellence Award**.

Parent or Guardian Signature

Date

Phone # _____ E-mail _____

Phone # _____ E-mail _____

Student Signature

Male / Female
Circle One

Address

School

Birth Date	Grade in 2013/14 School Year	E-mail Address	Phone #'s	Hunter ID #