

MAIL FORM

Darnall Gun Works & Ranges
C/O: Alison Darnall
POB 298
Danvers, IL. 61732

Youth Registration Form

NRA YOUTH SHOOTING CLINIC
June 24 and June 25, 2023

PLEASE FILL OUT ENTIRE FORM

Registration Fee:

Saturday June 24: _____ **\$55**

Sunday June 25: _____ **\$55**

Saturday June 24 and Sunday June 25: _____ **\$80**

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Age: _____ Birthday: _____ / _____ / _____ **Parents Phone#:** _____

Parents Email: _____

Circle: Female Male

T-Shirt MENS SIZES ONLY

CIRCLE SIZE

S

M

L

XL

2XL

3XL

DON'T FORGET TO INCLUDE:

1. Health History Form
2. Youth Photo Release / Darnall Gun Range Participant Agreement Release

(Must be Signed by a Parent or Legal Guardian)

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Youth Health History Form

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June 24 and June 25, 2023

PLEASE FILL OUT ENTIRE FORM

HEALTH HISTORY

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Home Ph# () _____ - _____ Cell Ph# () _____ - _____

Health Insurance: Company Name: _____

Policy # _____ **Group/Member #:** _____

Family Physician's Name: _____ **Physician's Ph#:** _____

DOES THE YOUTH HAVE ANY OF THE FOLLOWING:

Asthma _____ Fainting Spells _____ Seizures _____ Other: _____

Allergy or reaction to any food, medication, insect toxin, etc.?

Specify: _____

Does the minor have any conditions requiring medication that must be taken during the day?

If yes explain below and list medication:

LIST MEDICATIONS:

LIST DOSAGE AMOUNTS:

1. _____

2. _____

MEDICATION BROUGHT TO THE CLINIC MUST BE LEFT WITH THE MEDICAL PERSON AT CHECK IN!

PARENTIAL AUTHORIZATION: This Health History is Correct To The Best of My Knowledge , and the person described has permission to engage in all prescribed activities except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the leader in charge, to hospitalize, secure proper anesthesia or to order injection or surgery for my son/daughter.

Parent Signature: _____ **Date:** _____

Release and Agreements (Photographs)

I hereby grant the NRA Youth Shooting Clinic, Darnall's Gun Range, the National Rifle Association of America, Friends of NRA Foundation and Guns Save Life the right and permission to copyright and/or use, reuse, publish, and/or republish photographic images or pictures of my child, listed below, taken during the NRA Youth Shooting Clinic for advertising and/or promotional purposes.

I hereby release, discharge and agree to hold harmless the NRA Youth Shooting Clinic, Darnall's Gun Range, the National Rifle Association of America, Friends of NRA Foundation and Guns Save Life from any liability resulting from use of the above mentioned photography or use of minors name. I understand that I will have no control over the manner of use of materials produced and hereby waive any right to pre-approve or inspect materials prior to distribution.

Print Minor's Name _____

Parent Signature: _____ Date: _____

Darnall's Gun Range Participant Agreement, Release and Acknowledgement of Risk

In Consideration of the services of Darnall Gun Works & Ranges, their agents, landlords, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Range"), as well and the NRA Youth Shooting Clinic, the National Rifle Association of America, Friends of NRA Foundation and Guns Save Life. I hereby agree to release and discharge the Range, the NRA Youth Camp, the National Rifle Association of American, Friends of NRA Foundation and Guns Save Life on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge that shooting guns entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Being shot, dying or becoming permanently injured and/or impaired physically from the discharge of bullets.

Furthermore, Range employees and volunteers have difficult jobs to perform. They seek safety, but are not infallible. They might be ignorant of participants fitness or abilities. They may give inadequate warnings or instructions and the equipment being used might malfunction.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participating in this activity is purely voluntary and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Range, the NRA Youth Clinic, the National Rifle Association of American, Friends of NRA Foundation and Guns Save Life from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the Ranges, equipment or facilities, including any such claims which allege negligent acts or omissions or the Range.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury of damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damage during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the Range, the NRA Youth Clinic, the National Rifle Association of American, Friends of NRA Foundation and Guns Save Life on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understand and agree to be bound by its terms.

Adult Signature: _____ for Minor (name) _____
(Please Print Minor's Name)

Date: _____

All the above must be signed and completed to participate

Signed release effective for above minor for event dates: Saturday June 24, 2023 and Sunday June 25, 2023