

Southern Chester County Sportsmen's &

Farmers' Association

720 Sportsmen's Lane Kennett Square, PA 19348 www.sccsfa.org

PERMISSION SLIP AND RELEASE FORM

My child/ward, ______, has permission to participate in the Southern Chester County Sportsmen's & Farmers Association's marksmanship and safety programs which may involve live-fire activities utilizing small bore rifles, large bore rifles, air rifles and/or shotguns. These activities will be held on the grounds of SCCS&FA and other facilities as deemed appropriate by the SCCS&FA. I am aware of the Common-wealth of Pennsylvania Uniform Firearms Act of 1998 which in part states:

"6110.1: Possession of firearm by minor

- (a) Firearm. --Except as provided in subsection (b), a person under 18 years of age shall not possess or transport a firearm any where in this Commonwealth.
- (b). Exception. –Subsection (a) shall not apply to a person under 18 years of age:

(1) who is under the supervision of a parent, grandparent, legal guardian or an adult acting with the express consent of the minor's custodial parent or legal guardian and the minor is engaged in lawful activity, including safety training, lawful target shooting, engaging in an organized competition involving the use of a firearm or the firearm is unloaded and the minor is transporting it for a lawful purpose; or

(2) who is lawfully hunting or trapping in accordance with 34 PA C.S. (relating to game)."

I hereby give my expressed consent to the Instructors and Coaches of the SCCS&FA to act on my behalf as noted in paragraph 6110.1, subsection (b)(1) above during SCCS&FA activities. I also understand that Instructors or Coaches may have to touch my youngster to position them on the firing line or during emergency situations. I hereby give permission for SCCS&FA Instructors or Coaches to appropriately touch my child/ward during SCCS&FA activities.

My child/ward, to my knowledge, has no known physical or emotional disability that would jeopardize the safety of other participants. The Senior Range Officer/Safety Officer must be informed if the youth is taking any medication.

I understand that the Senior Range Officer/Safety Officer may make a decision at any time as to whether any child/ward may participate in live-fire activities. If I cannot be reached in case of emergency,

I acknowledge that the use of firearms is an activity that requires the full attention of my child/ward to Instructor's/Coach's commands, firing range activity and firearm safety rules at all times. I pledge to enforce and reinforce all rules of firearm safety and marksmanship with my child/ward during this organized activity and at home. I acknowledge that my child/ward will receive and will read a copy of the NRA's text titled <u>The Basics of Rifle Shooting</u>. I further understand that the lead in bullets and other chemicals in ammunition are potentially harmful to humans and I promise to make my child/ward wash his/her hands before eating and before leaving the shooting range.

In giving my consent and signature below, I waive any and all liability on the part of the Southern Chester County Sportsmen's & Farmers Association, all officers, directors, members, instructors or coaches of these organizations for any injuries, losses or damages that may result from my child's/ward's voluntary participation in the activities of Southern Chester County Sportsmen's & Farmers Association.

Signature of parent or legal guardian

Please print name

Date

Home telephone number

Cell phone number

FOR SCCS&FA USE:

Print Email address