Central Oklahoma Quail Forever Youth Shoot Registration Form Oklahoma City Gun Club

DATE:	PHONE:	
Name of CHILD Part	icipating:	
PARENT/GUARDIAN	N NAME(S)	
ADDRESS:		
CITY:		
STATE:	ZIP:	
EMAIL:		
AGE OF PARTICIPA	TING CHILD:	
ALLERGIES/MEDIC	AL CONDITIONS:	
LIST ANY CURREN	T MEDICATIONS:	
and I recognize that fire me to use the utmost of to do so. I further realize provider, and associate waive all rights to any cook QF Youth Instruction volunteers, licensees, fin this event and accordaffirmative duties, which	earms, when mishandled, can are in the exercise of firearm see that Quail Forever, their meres are participating in this even claim, cause of action, right of land Fun Shoot & Luncheon or acilities provider, or said organdingly I will ensure that my chill have heretofore recognized	
Parent/Guardian Signa	ture:	
	++++ Oklahoma City	Gun Club Guest Waiver ++++
damage or theft occurring recognize and agree by injury, and hereby wait person or property as a Club. OKC Gun Club safety or acting in a material of the company of the co	ing while on the Oklahoma Ci their participation that safety we any right to seek recovery for result or in connection with possible management reserves the right anner which may be deemed of dunderstand the rules and	I agents are not responsible for accidents, injuries, property ty Gun Club premises. All participants and spectators shall be their exclusive responsibility, shall assume all risk of or any injury or damage which may be incurred, either to articipating in any activity or event at Oklahoma City Gun t to refuse shooting privileges to anyone not practicing firearm ffensive. regulations listed on the Oklahoma City Gun Club sheet r posted of spoken rules while on OKC Gun Club property.
Name (please print)		
Address	essCity/State/Zip	
Cell	Home	Work
Email		
Emergency Contact _	nergency ContactPhone Number	
Parent or Guardian (if under 18 years of age)	
*Signature		<u>D</u> ate

*If under 18 parent or guardian must sign.