



**Delran Junior Marksman Club, Inc.**

**Parental Permission Form to Use Range and Liability Release**

Please complete the Application in full and legibly.

Whereas the Delran Junior Marksman Club, Inc. (DJMC) is primarily a shooting range, with rifle, shotgun, pistol, air rifle and archery ranges, minors are not permitted to attend the facilities without a parent (or legal guardian) present. For special events, or unique circumstances, DJMC permit minors to attend, but only if this Parental Permission Form is completed and in hand the beginning day of the event.

If the participant is 18 years of age or older, he/she is considered an adult for this purpose and can sign on his/her own behalf, supplying all required information, such as emergency contact and medical concerns.

**RELEASE OF LIABILITY OF THE DELRAN JUNIOR MARKSMAN CLUB, INC.**

I understand that participation in shooting 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 my minor child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by all applicable range rules and standards of conduct.

The undersigned expressly agrees that while the above named minor child is upon the Delran Junior Marksman Club, Inc. (DJMC) ranges or using any of its facilities and equipment, they shall be used at the sole risk and responsibility of the undersigned, and hereby releases DJMC from any claims for damage or loss of any kind and description resulting from use of equipment and facilities, and further releases the DJMC, its Officers, and/or members from any liability arising out of its granting of a license to enter upon its premises under the control of DJMC.

The undersigned further expressly agrees to indemnify and hold harmless the DJMC for any claims instituted against it arising out of actions of tort of the undersigned while the minor child is on the property or using the facilities under control of DJMC.

**In case of emergency** involving my minor child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the activity.

**APPLICABLE ONLY TO JUNIORS AT LEAST 18 YEARS OLD:** I certify that I am a citizen of good repute of the United States of America; that I am not a member of any organization or group having as its purpose the overthrow by force and violence the government of the United States or any of its political subdivisions; that I have never been convicted of a crime of violence and that, if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship. It is also understood and agreed that I will not hold the Delran Junior Marksman Club, Inc. or any of its Officers or members responsible for any injuries sustained to or by me as a result of my activity on or about the premises under the control of the Delran Junior Marksman Club, Inc. I further agree to abide by and adhere to the regulations of the Delran Junior Marksman Club, Inc.

Print Name:	<input type="text"/>	
Signature:	<input type="text"/>	Date: <input type="text"/>
	(Parent / Guardian)	

Pre-Existing Medical Concerns:

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Emergency Back-Up Contact			
First Name:	<input type="text"/>	Phone:	<input type="text"/>
Last name:	<input type="text"/>	Cell:	<input type="text"/>
Relationship:	<input type="text"/>		

Mail completed application to D.J.M.C. Membership Chairman P.O. Box 1134 Delran, NJ 08075-0934

Please make checks payable to: DELRAN JUNIOR MARKSMAN CLUB, INC.

Note: if you do not receive membership information in 10 days please contact Membership Chairman.

\* new member are people who have never join the club before or have not been a member for more than 1 calendar year.