

2020



# CIVILIAN MARKSMANSHIP PROGRAM PARENT CONSENT



## Talladega Marksmanship Park JUNIOR CONTACT INFORMATION

Name: \_\_\_\_\_ CMP  
 Competitor #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 School/Club Affiliation: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION *(Emergency contact person)*

Name: \_\_\_\_\_ CMP Competitor #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: *(If different than above)* \_\_\_\_\_  
 Telephone Number(s): \_\_\_\_\_

In consideration for the admission of this junior to participate in any activity of the Civilian Marksmanship Program (CMP) during calendar year 2020, I hereby:

1. Give my permission for this Junior's participation; and
2. Release the CMP and any other organization sponsoring or supporting such activity (including all directors, officers, employees, agents and volunteer workers) from any claim or liability that may arise directly or indirectly from this Junior's presence or participation in the activity; and
3. Agree to defend, indemnify and hold harmless the parties referred to in Paragraph 2 above from any claim arising from any wrongful or negligent conduct by this Junior.
4. Agree that photographs of the participant taken during Civilian Marksmanship Program Events and the participant's competition results may be published or reproduced by the CMP in its printed or electronic communications.
5. Understand that all shooters are required to wear eyewear protection at all times, on all ranges.

Junior's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Valid 1Jan-31Dec 2020***