REQUEST FOR AGE WAIVER

Required for Service Pistol Participants under the age of 14 and .22 Rimfire Pistol Participants and Rifle Participants under the age of 12.

Name:	CMP Competitor#:
Date of Birth:	Current Age:
Address:	
City:	State:Zip code:
Telephone #: ()	Email Address:
Club Affiliation:	
Current NRA or CMP Classification: _	
STATE ASSOC	at all juniors participate in the Small Arms Firing School CIATION/CLUB ENDORSEMENT be granted
I, recommend that	(applicants name)
an age waiver to participate in the 202	24 National Trophy Matches.
(Date)	(Printed Name)
(Position Held in State Association/Club)	(Signature)
Liability Release To E	Be Signed By Parent or Legal Guardian
Marksmanship Program (CMP) I here the 2024 National Matches; and 2) Resupporting such activity (including all workers) from any claim or liability that or participation in the activity: and 3) A	this Junior to participate in an activity of the Civilian eby: 1) Give my permission for this Junior's participation in elease the CMP and any other organizations sponsoring or directors, officers, employees, agents, and volunteer at may arise directly or indirectly from this Junior's presence Agree to defend, indemnify, and hold harmless the parties a arising from any wrongful or negligent conduct by this
(Date)	(Signature of Parent or Guardian)
	(Please Print Name of Parent or Guardian)

Required: Please attach copies of match bulletins from 2-3 approved and registered matches in which the junior has completed.