



CIVILIAN MARKSMANSHIP PROGRAM



MEDICAL RELEASE AND PARENT CONSENT

Part I must be completed by all participants (Athletes and Adults)

PART I: EMERGENCY INFORMATION and CONSENT FOR TREATMENT

Name: _____

CMP Competitor # _____ (We will provide if you do not have a CMP number)

D.O.B. _____ School/Club Affiliation: _____

CMP Event Attending: _____ Home Phone: _____

Home Address: _____

EMERGENCY INFORMATION:

Emergency Contact: _____ Relationship: _____

Telephone Numbers: _____ or _____

Participants Allergies (if any): _____

Participants Medical Conditions (if any): _____

MEDICAL CONSENT: If I/son/daughter require a visit to a physician or the hospital while at this event and I cannot be reached at the above telephone numbers, I hereby give consent and authorize emergency treatment pursuant to agreement by the Event Director or his designee and a licensed medical professional.

Date

Participants Signature (if participant is under 18 Parent/Guardian's signature)

Part II must be completed for all participants under the age of 18.

PART II: PARENTAL CONSENT FOR MINORS PARTICIPATION IN CMP EVENT

I hereby give my consent for my son/daughter _____ to participate in a Civilian Marksmanship Program Event. I understand that my son/daughter will be asked to sign a "Code of Conduct" at the beginning of the event. I release the Civilian Marksmanship Program (including all directors, officers, employees, agents, or volunteer workers) or event organizers from any claim or liability that may arise directly or indirectly from my child's presence or participation in the activity. I agree that CMP or Event organizers are not responsible for any personal injury, loss or damage that my child may suffer in connection with this event. I also agree to defend, indemnify, and hold harmless the said parties from any claim arising from any wrongful or negligent conduct by my child while a participant at the camp.

Date

Participants/Guardian's Signature