



Youth Firearm Training Permission Slip

Activity Date: ___All_dates_in_April_2026___

AS THE PARENT AND LEGAL GUARDIAN OF: _____

I understand that participation at the BCF Church/CSB Boys Brigade Firearms safety training involves a certain degree of risk. I have carefully considered the risk involved and have given my son my consent to participate in the activity on the date above.

I hereby give permission to act as my child's guardian in my absence to (if applicable):

Parent/Guardian Name (Print): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

WAIVER OF LIABILITY

Risk of loss: The boy's family assumes all danger and risk of loss, injury or damage incidental to the discharge of firearms and weapons during this firearm safety training, whether such loss, injury or damage shall be caused by the actual or passive negligence of BCF Church or any of its volunteers, agents or otherwise, and agree to discharge, release and hold blameless BCF Church, its volunteers agents or otherwise from any and all claims or injuries that may arise out of or in connection with this firearms training.

I HAVE READ AND UNDERSTAND THE LIABILITY WAIVER:

Parent/Guardian Signature: _____ Date: _____

Acting Guardian Signature: _____ Date: _____

Youth: _____ Date: _____