

# **COWBOY ACTION WAIVER**

## **Cowboy Action Program Participation and Hold Harmless Agreement**

Camp Hugh Taylor Birch of Scouting America, Tecumseh Council will be conducting a Cowboy Action Range and Target Activity. In this program, participants will shoot a rifle, pistol, and shotgun under the supervision of an NRA Range Safety Officer and NRA certified instructors. Participants will be required to always wear eye protection and hearing protection while on the range. Participants are expected to abide by all safety rules and the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s).

I, the undersigned, give my child, \_\_\_\_\_, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release Scouting America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

For safety, my child and I agree that he/she will do the following or he/she will be removed from the program. I understand that any additional cost associated with participation in this program will not be refunded if my child is removed for not following the rules below:

1. Is 14 years of age.
2. Complete a range safety briefing.
3. Wear all safety gear at all times while on the range.
4. Follow all the safety rules provided in the briefing.
5. Follow the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s).
6. Do not handle the firearms until instructed to do so by the instructor(s).
7. Be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.

Date\_\_\_\_\_

Participant Printed Name\_\_\_\_\_ Signature\_\_\_\_\_

Parent Printed Name\_\_\_\_\_ Signature\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email Address\_\_\_\_\_

**Please turn this form in at  
the 10-day-out meeting!**

Questions? Please contact:

[CHTBLeadership@tecumsehCouncil.org](mailto:CHTBLeadership@tecumsehCouncil.org)

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**Tecumseh Council**