

TROOP 777 SIGN UP SHEET

- EVENT:** SHOTGUN SHOOT AT CAMP PENDLETON
- DATE:** Wednesday, December 30, 2009
- DESCRIPTION:** Finish 2009 with a BANG. Come to Camp Pendleton's shotgun range for a morning of trap shooting. Beginners and Advanced shooters welcome. Advanced shooters may have the opportunity to shoot 5-stand.
- Anyone else (Adults) who wants to practice their shotgun shooting technique is welcome to come. However, the number of shooters will be limited to 25, with preference to Scouts. Most Scouts will probably not want to shoot more than 50 shots that day to avoid a sore shoulder.
- PREREQUISITE:** Signed parental permission and Pendleton Waiver. Reading the Merit Badge book is recommended. Scouts wanting to earn the Shotgun Merit Badge may be able to get a partial sign-off for the shooting requirement. Sessions for the other Merit Badge requirements can be arranged for a later date. Wear Class B Green Troop T-shirt.
- COST:** Cost for 25 targets/25 shots varies from \$12 for 12 gauge to \$13.50 for 28 gauge. Use of Camp Pendleton's shotguns is included, as is eye and ear protection.
- INSTRUCTIONS:** Meet at I-5/La Costa Avenue Park 'N Ride lot at 9 am, Wednesday December 30. Bring cash to pay for range targets and ammo. Bring sun screen, water bottle, and sack lunch.
- ADULT-IN-CHARGE:** JERRY SHILLER **SCOUT-IN-CHARGE:** TBA
436-4629, idogeology@cox.net

CAMP PENDLETON SHOTGUN SHOOT, December 30, 2009

Scout Shooting: _____

Parent Shooting: _____ Parent Driving: _____

____ # attending Parent Attending Retired Military: _____

Parent Permission: _____

INFORMED CONSENT AND WAIVER OF LIABILITY

PLEASE READ AND SIGN

I, understand that there are various risks involved with my participation and involvement in firearms recreational shooting at at Marine Corps Community Services (MCCS) Recreational Shooting Range, MCB Camp Pendleton, California on _____ (date and time). I understand that those risks include, but are not limited to, injuries or death caused by the following: gunshot; the negligence of other participants in the vicinity; faulty equipment or firearms provided by me or other participants; faulty ammunition provided by me or other participants; lighting conditions; weather; excessive noise; excessive distance to medical care facilities; and excessive traffic on routes to medical care facilities. I certify that I am physically able and have not been advised against participation in the event by a qualified health professional. I agree that, prior to participating in the event, I will inspect the event facilities, equipment, and areas to be used and, if I believe any are unsafe, I will immediately advise a person supervising the event;

In consideration of receiving the above participation, I hereby assume all risks associated with the recreational shooting and shall indemnify, waive, release, and forever discharge the U.S. Government, the U.S. Marine Corps, MCB Camp Pendleton, California, MCCS, and MCCS employees from any and all claims for damages, death, personal injury or property damage and litigation costs/attorneys' fees, arising from or contributed to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities resulting from the above described recreational shooting. This informed consent and waiver of liability agreement shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with the aforementioned Organized Skeet Shooting.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, and hospital corpsmen to administer routine and/or emergency medicines and treatments, as needed.

I certify that I have read all the provisions of this informed consent and waiver of liability form and fully understand all of the same. If any provisions contained in this informed consent and waiver of liability form are held to be invalid, void or illegal by any court of competent jurisdiction, the same shall be deemed severable from the remainder of this informed consent and waiver of liability agreement form and shall in no way affect, impair or invalidate any other provision herein contained.

Name of Participant _____

Signature: _____

Date: _____

Participant Parent Signature: _____ (if Participant is under eighteen)

Witness: _____