

SHOOTING SPORTS AUTHORIZATION

(Supplements BSA Annual Health and Medical Record "Part A: Informed Consent, Release Agreement, and Authorization" (BSA Doc # 680-001*) and Activity Consent Form (BSA Doc # 680-673**))

The Pacific Skyline Council adheres to Boy Scouts of America’s longstanding policy of teaching its youth and adult members the safe, responsible, intelligent handling, care, and use of firearms, air rifles, BB guns, and archery equipment in planned, carefully managed, and supervised programs. Planned shooting sports activities are conducted under the supervision of currently certified BSA national shooting sports directors or National Rifle Association firearms instructors. California law requires express parental permission for participation by minors in certain shooting sports activities and programs.

Minor Participant’s Name: _____ **Age:** _____

As the parent or guardian of the minor participant listed above, I hereby give my express consent and permission to the Boy Scouts of America, Pacific Skyline Council and its Shooting Sports Staff for the participant to engage in the following lawful, recreational shooting sports, including instruction in the safe handling and shooting of archery, BB devices, Air rifles, and firearms, for target and competition shooting, and related activities. In the case of activities involving firearms, I hereby additionally consent to the participant being furnished and possessing live ammunition for use during such activities. These permissions are intended to comply with any applicable provisions for parental consent found in California Penal Code §§ 19915, 27505, 29615, and 29655, or similar provisions.

(Please mark each applicable category of permission granted, and Initial each entry)

- Archery (bow and arrow, knife and tomahawk throwing) (Cub Scouts, Webelos, Boy Scouts, Venturers, Explorers) Initial _____
- BB Devices (BB gun) (Cub Scouts, Webelos, Boy Scouts, Venturers, Explorers) Initial _____
- Air Rifles (pellet gun) (Webelos, Boy Scouts, Venturers, Explorers only) Initial _____
- Long Guns (rifle, shotgun) (Boy Scouts, Venturers, Explorers only) Initial _____
- Handguns (Venturers, Explorers only) Initial _____

* Informed Consent, Release Agreement, and Authorization: I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

** I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of 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.

Parent or Guardian Name (print): _____ **Date:** _____

Signature: _____

(Please indicate whether this Consent Does Not Expire or Expires on _____)