



Youth Firearm Permission Slip

Activity Date: _____ Activity & Location: _____

AS THE PARENT AND LEGAL GUARDIAN OF: _____

I understand that participation at the Bill's Gun Shop & Range activity listed above involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter 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:

Parent/Guardian Name (Print): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

WAIVER OF LIABILITY

Risk of loss: Shooter assumes all danger and risk of loss, injury or damage incidental to the discharge of firearms and weapons upon the shooting facilities, whether such loss, injury or damage shall be caused by the actual or passive negligence of Bill's Gun Shop or any of its employees, agents or otherwise, and agree to discharge, release and hold harmless Bill's Gun Shop, its employees agents or otherwise from any and all claims or injuries that may arise out of or in connection with use of the facilities.

I HAVE READ AND UNDERSTAND THE LIABILITY WAIVER:

Parent/Guardian Signature: _____ Date: _____

Acting Guardian Signature: _____ Date: _____

Youth: _____ Date: _____

Bill's Gun Shop & Range Locations:

Robbinsdale: 4080 W Broadway, Robbinsdale, MN 55422 P: 763.533.9594 Fax: 763.533.2997
Circle Pines: 3621 88th Ave NE, Circle Pines, MN 55014 P: 763.792.4867 Fax: 763.784.7648