Norcross Gun Club and Range *Rev. August 2026*

Youth Firearm Permission and Waiver Form

Youth Name: _____ Activity Date: _____

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone #: _____

As the parent and/or **Court Recognized** Legal Guardian of _____
(Youth Name)

I understand that participation at Norcross Gun Club & Range for the activity of Indoor Sport Target Shooting involves a certain degree of risk. I have carefully considered the risk involved and have given my daughter/son, whose age is between 12 to 20, my consent to participate in this activity on the date above. I hereby give permission to act as my child's guardian in my absence to:

_____

(Name of Individual who will become acting guardian of Youth)

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 Norcross Gun Club and Range or any of its employees, agents or otherwise, and agree to discharge, release and hold harmless Norcross Gun Club and Range, 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.

BY SIGNING, I ATTEST I HAVE READ AND FULLY UNDERSTAND THE LIABILITY WAIVER:

Parent/Guardian Signature: _____ Date: _____

A copy of the parent/guardian government issued identification must be attached to this form.

Acting Guardian Signature: _____Date: _____

Acting guardian must be 21 years old or older.

Youth Signature: _____Date: _____

Youth must provide proof of residence to match their parent/guardian's address.

Norcross Gun Club and Range
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