

*Suffolk Alliance of Sportsmen, Inc.* and **Old Bethpage Rifle and Pistol Club, Inc.**

70 Kean Street, West Babylon, NY 11704

If the participant is under eighteen (18) years of age, a parent, legal guardian or legal custodian must sign the following Parental Permission and Indemnification Agreement. This Parental Permission and Indemnification Agreement is required, for all minors, at least twelve (12) but not more than eighteen (18) years of age, at the time she participates in this event.

Minor's name: \_\_\_\_\_

Minor's date of birth: \_\_\_\_\_

**PARENTAL PERMISSION AND INDEMNIFICATION AGREEMENT**

There shall be no charge, for participating in this FEMALES AND FIREARMS EDUCATIONAL EVENT, hereinafter referred to as **event**. This Parental Permission and Indemnification Agreement must be received, *signed and notarized*, at least *one week before* the date of the **event**, before any minor may be allowed to participate in this **event**.

In consideration for the above minor being permitted, by the Suffolk Alliance of Sportsmen, Inc. and/or Old Bethpage Rifle & Pistol Club, Inc., hereinafter referred to, individually and/or collectively, as **Provider**, to participate, in the activities offered by or conducted, at **Provider's** facility, which may include the use of services and/or equipment, I agree to the following waiver, release and indemnification:

I affirm that I am the parent, legal guardian or legal custodian of the above named minor and that, on behalf of myself, herself and all other parties, at present or future interest, including said minor, stipulate and agree to save and hold harmless, indemnify and forever defend **Provider**, including its directors, officers, agents, employees and/or volunteers, from and against any and all claims, actions, demands, expenses, liabilities (including attorneys' fees), made or bought, by or on behalf of said minor, by anyone, as a result of said minor's participation, in the activities or use of any property and/or facilities made available by or through **Provider**.

I hereby authorize the use, publication and/or reproduction of any or all of the photographs taken, during this **event** and hereby waive all claims, arising out of such use. I also waive any right to inspect or approve the finished materials, in which such photographs may or will be used.

**Provider** will be responsible for making available classroom and range instruction, eye and ear protection, as well as targets, ammunition and rifles, for the **event**.

**Provider** will, also, be making available a free lunch, plus various soft drinks, to all participants, as part of the **event**. If the participating minor has any allergies and/or food sensitivities, please so stipulate, here, then explain, in detail, on the reverse side of this form: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian/custodian

\_\_\_\_\_  
Adult's home or work phone

\_\_\_\_\_  
Typed or printed name of parent or legal guardian/custodian signing

\_\_\_\_\_  
Adult's cell phone

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

State

Zip code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of notary

\_\_\_\_\_  
Notary's stamp

**Mail the completed form to: Insurance/Contract Review Unit, Recreational and Special Programs Underwriting Dept., Protective Insurance, 101 N. Wellwood Ave., Lindenhurst, NY 11757-400101.**