## 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 California Inland Empire Council adheres to Scouts BSA'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, or USAA Archery Instructors. California law requires express parental permission for participation by minors in certain shooting sports activities and programs.

Califor	nia law requires express parental permission for participation	by minors in certain shooting spo	orts activities and programs.
Minor	· Participant's Name:	Age:	Gender: F M
Inland l shootii activiti ammu	parent or guardian of the minor participant listed above, I her Empire Council BSA and its Shooting Sports Staff for the parting sports, including instruction in the safe handling of the es involving firearms, I hereby additionally consent to the inition for use during such activities. These permissions a al consent found in California Penal Code §§ 19915, 2750	rticipant to engage in the followin devices listed below and related e participant being furnished an re intended to comply with any a	ng lawful, recreational activities. In the case of d possessing live applicable provisions for
(Please	mark each applicable category of permission grant	ed, and Initial each entry)	
	BB Devices (BB gun)	Initial Initial Initial Initial	
Scouts E	Air Rifles (pellet gun) Archery, bow and arrow BB Devices (BB gun) BSA Airsoft Chalk Ball Knife throwing Long Guns (Rifle, Shotgun) Muzzle Loading Rifle (Black Powder) Tomahawk Throwing Wrist Rockets	Initial	
perso activ activ cond offer	rmed Consent, Release Agreement, and Authorization: I understar onal injury, including death, due to the physical, mental, and emo- ities may be obtained from the venue, activity coordinators, or yo ities is entirely voluntary and requires participants to follow instru- luct. I have carefully considered the risk involved and hereby give red in the program. I further authorize the sharing of the informa I to know of medical conditions that may require special considera	otional challenges in the activities offer our local council. I also understand the ctions and abide by all applicable ru the my informed consent for my child to tion on this form with any BSA volunt	ered. Information about those hat participation in these les and the standards of participate in all activities teers or professionals who
der also sta	nderstand that participation in Scouting activities involves a certain manding. I have carefully considered the risk involved and have go o understand that participation in this activity is entirely voluntary indards of conduct. I release the Boy Scouts of America, the local content of the parties, or other organizations associated with the activity from	iven consent for myself or my child to y and requires participants to abide b ouncil, the activity coordinators, and	p participate in this activity. I y applicable rules and I all employees, volunteers,
Parent	or Guardian Name (print):		
Signatu	re:		<u> </u>
Date:			