

LoCo Motion Foundation, Incorporated
PO Box 2622, Purcellville, VA 20134
www.locomotionfoundation.org

PERMISSION

Activity Date: December 27, 2017

AS THE PARENT OR LEGAL GUARDIAN OF: _____

I understand that participation in U.S. Naval Sea Cadet Corps pistol training and qualification, as sponsored by the LoCo Motion Foundation, Incorporated (hereafter LMF) involves a certain degree of risk. I further understand the LMF emphasizes and REQUIRES the SAFE HANDLING and USE of firearms AT ALL TIMES. Failure to adhere to this requirement may be grounds for immediate removal from the activity with no refund of fees. LMF is a public charity as defined by the Internal Revenue Service Code section 501(c)3, and funds collected for this activity are used solely to recoup the cost of facility rental, equipment and materials such as targets, ammunition, certificates, etc. I have carefully considered the risk and dangers involved and give consent for my son/daughter to participate in the activity on the date above.

Parent/Guardian Name (Print): _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

WAIVER OF LIABILITY

The participant and parent/legal guardian request to participate in this activity knowing and understanding that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. The participant agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with his/her own participation, including without limitation the risk of serious bodily injury, death and property damage. Participant further agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with the participation of others in this activity, including without limitation other participants, instructors/coaches; staff or volunteers of the LMF; and audience members.

Please be advised that it is not possible to list all of the activities and related risks that a Participant may encounter by participating in this activity. There may be risks that are not known to the Participant, or to other LMF, its volunteers, employees, officers or agents, and may not be foreseen or reasonably foreseeable by anything at this time, or at the time of the activity. Participant agrees to discharge, release and hold harmless the LMF, its volunteers, employees, officers or agents or otherwise from any and all claims or injuries that may arise out of or in connection with participating in this activity.

I HAVE READ AND UNDERSTAND THE LIABILITY WAIVER:

Parent/Guardian Signature: _____ Date: _____

Cadet Signature: _____ Date: _____