



## SIDNEY SHOOTING PARK RELEASE

I hereby release the Sidney Shooting Park and their representatives of any and all responsibility for possible injury or damage to the person or property of myself or my son, daughter or legal ward while participating in the Sidney Shooting Park Programs.

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
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Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
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Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
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Parent or Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does the participant(s) have any learning or physical disabilities? YES \_\_\_\_\_ NO \_\_\_\_\_

If so please explain:

\_\_\_\_\_  
\_\_\_\_\_

The Sidney Shooting Park programs are designed to educate and inform participants of topics such as safe firearms and bowhunting practices, ethics, wildlife conservation and hunter responsibility, to ensure the future of our sport.

**Eye and ear protection are required to participate in any program or shooting activity.**