

## Shoot Right/CAASES Informed Consent Form

I hereby give my permission for my child/myself \_\_\_\_\_ to participate in \_\_\_\_\_. Further, I authorize Shoot Right/CAASES to contact emergency personnel to provide emergency treatment for any injury or illness that my child/myself may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I/emergency contact cannot be reached and a reasonable effort has been made to do so.

Date \_\_\_\_\_

**Parent, Guardian or Adult participant information:**

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical conditions (e.g., allergies or chronic illnesses) \_\_\_\_\_

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

Person to contact in case of emergency \_\_\_\_\_

Relationship with person \_\_\_\_\_ Phone \_\_\_\_\_

My child and I or Myself are aware that participating in \_\_\_\_\_ is a potentially hazardous activity. I assume all risks associated with participation in this sport, including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child/myself are known and appreciated by my child and me/myself.

**We/I understand this informed consent form and agree to its conditions.**

Child or Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or guardian's signature \_\_\_\_\_ Date \_\_\_\_\_