



SADDLE RIVER RANGE
FIREARMS & ARCHERY
WWW.SADDLERIVERRANGE.COM

PARENT PERMISSION AND RELEASE OF LIABILITY

Minor Name: _____

Minor Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Parental Consent:

I (We), the undersigned, parent/legal guardian(s) of _____ (Minor), do hereby consent to Minor participating in shooting firearms and/or bows on the gun/archery ranges at Saddle River Range under the supervision of _____ (Agent).

Release of Saddle River Range:

In consideration of _____ (Minor) being permitted by Saddle River Range to participate in its activities and to use its facilities and equipment, I (we) _____ (Parent/Legal Guardian(s)) shall indemnify, hold free and harmless, assume liability for, and defend Saddle River Range, its agents, servants, employees, officers, and directors from any and all liability for personal injury or property damage and costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums for any claim or action founded thereon, arising or alleged to have arisen out of _____ (Minor) use of the real or personal property belonging to or used by Agent while Minor is in the presence of Agent.

Parent/Legal Guardian (Print) _____ DL #: _____

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian (Print) _____ DL #: _____

Parent/Legal Guardian Signature _____ Date _____



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MEDICAL CONSENT FORM

In case of emergency, _____ (*Agent*) has my consent to authorize medical care for my child _____ (*Minor*).

Our Family Physician is: _____

His/her Address is: _____

His/her Phone Number is: _____

Preferred Hospital is: _____

Allergies: _____

Contact me immediately at: _____

If unable to contact me, please call:

Name _____ Phone #: _____

Name _____ Phone #: _____

Completed by

Parent/Legal Guardian: _____ DL# _____

Address _____

Home Phone: () _____ Work Phone: () _____

Parent/Legal Guardian Signature _____ Date _____