

PIUS X TRAP TEAM RULES AND PIUS X TRAP RANGE RULES

We have been provided with a copy of this **Pius X Trap Team Rules and the Pius X Trap Team Range Rules.**

We have read the **Pius X Trap Team Rules and the Pius X Trap Team Range Rules.**

We understand these rules and agree to follow these rules.

Team Member Name (Print) _____

Team Member Signature _____

Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____

Pius X Trap Club Release and Consent Form

(Participant's Name) _____ has our permission to participate in the Pius X Trap Club practice and competition activities. In addition, those activities required to move cases of targets to the trap houses, load the individual trap machines, and grounds keeping duties.

I approve of the leaders who will be in charge of this program. Realizing that the leaders are serving to the best of their ability and in consideration of the benefits to be derived by the participant concerned, I hereby voluntarily waive any claim against the Pius X Trap Club, Pius X High School, the Lincoln Izaak Walton League, their agents, leaders, employees, administrators, members, and other officers, from all claims, demands, actions, judgments, and executions which the undersigned or their child (Name) _____ ever had, or now has, or may have, or which the undersigned's heirs, executors, administrator, personal representatives, or assigns may have, or claim to have, against the Pius X Trap Club, Pius X High School, the Lincoln Izaak Walton League or any of them or their successors or assigns for all injuries, personal or otherwise, known or unknown and injuries to property, real or personal, caused by or arising out of the above described activities.

I understand that trap shooting can be a dangerous activity and I am knowingly granting my son/daughter permission to participate in and be a member of the Pius X Trap Club.

I understand that at NO time can a firearm or any shooting related items be brought onto school property for any reason.

I certify that the participant has full medical insurance. I also certify to the best of my knowledge that the participant named herein is physically and mentally fit to engage in the activities described above.

I understand that should the above-named child require medical attention for any reason while participating in the above-described activities, any doctor, emergency personnel, or hospital selected has the authority to provide any treatment deemed necessary.

I understand that my son/daughter's grades from the previous two semesters will be accessed and released to the Eastern Cornhusker Trapshooting Conference for consideration of its Academic Excellence Award.

The undersigned have read this release and consent form, understand all its terms, and execute it with full knowledge of its significance.

Shooter/Participant Signature _____
Date

Parent/Guardian Signature _____
Date

School my child currently attends: _____

Current Grade in school: _____ Male _____ Female _____ (Check One)

Date of Birth: _____

Age as of January 1, 2021: _____

Hunter ID #: _____

