## SHOOTING SPORTS AUTHORIZATION

Supplements BSA Annual Health and Medical Record "Part A: Informed Consent, Release Agreement, and Authorization" (BSA Doc # 680-001\*) and Activity Consent Form (BSA Doc # 680-673\*\*)

The California Inland Empire Council adheres to Scouts BSA's longstanding policy of teaching its youth and adult members the safe, responsible, intelligent handling, care, and use of firearms, air rifles, BB guns, and archery equipment in planned, carefully managed, and supervised programs. Planned shooting sports activities are conducted under the supervision of currently certified BSA National Shooting Sports Directors or National Rifle Association Firearms Instructors, or USAA Archery Instructors. California law requires express parental permission for participation by minors in certain shooting sports activities and programs.

		tion by minors in certain shooting sports activities and programs.
Mino	r Participant's Name:	Age:
Inland shooti activit ammu	Empire Council BSA and its Shooting Sports Staff for the ng sports, including instruction in the safe handling of ies involving firearms, I hereby additionally consent to	as are intended to comply with any applicable provisions for
(Please	mark each applicable category of permission gra	anted, and Initial each entry)
	( 0 )	Initial Initial Initial Initial
Scouts	BSA/Venturing/Explorer/Sea Scout: Air Rifles (pellet gun) Archery, bow and arrow BB Devices (BB gun) BSA Airsoft Chalk Ball Knife throwing Long Guns (Rifle, Shotgun) Muzzle Loading Rifle (Black Powder) Tomahawk Throwing	Initial
pers activ activ cond offe	onal injury, including death, due to the physical, mental, and exities may be obtained from the venue, activity coordinators, oxities is entirely voluntary and requires participants to follow instruct. I have carefully considered the risk involved and hereby	stand that participation in Scouting activities involves the risk of emotional challenges in the activities offered. Information about those or your local council. I also understand that participation in these structions and abide by all applicable rules and the standards of give my informed consent for my child to participate in all activities rmation on this form with any BSA volunteers or professionals who deration in conducting Scouting activities.
dei als sta	manding. I have carefully considered the risk involved and have understand that participation in this activity is entirely volun ndards of conduct. I release the Boy Scouts of America, the loc	tain degree of risk and can be physically, mentally, and emotionally we given consent for myself or my child to participate in this activity. I stary and requires participants to abide by applicable rules and cal council, the activity coordinators, and all employees, volunteers, from any and all claims or liability arising out of this participation.
Parent	or Guardian Name (print):	
Signatu	ıre:	
Date: _		