

**Lake of the Ozarks Scout Reservation  
Shooting Sports Program  
Participation and Hold Harmless Agreement (required of ALL participants)**

I, the undersigned, give my child, \_\_\_\_\_, permission to participate in the camp shooting sports program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation.

**For safety, my child and I agree that he/she will do the following or he/she will be removed from the program. Failure to comply with these requirements will result in removal from the program and no refund will be given.**

1. Complete all safety instruction taught at Lake of the Ozarks Scout Reservation.
2. Wear all safety gear at all times when around the equipment.
3. Follow all the safety rules provided in the training class.
4. Follow the instructions of the Camp Staff Instructor(s).

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Date: \_\_\_\_\_

Email address for survey purposes only: \_\_\_\_\_