

REQUEST FOR AGE WAIVER

Required for Rifle Participants under the age of 14

Name: _____ CMP Competitor #: _____

Date of Birth: _____ Current Age: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #: (_____) _____ Email Address: _____

Club Affiliation: Old Fort Gun Club, Fort Smith, AR #041023

Current NRA Classification: _____

The CMP strongly recommends that all juniors participate in the Small Arms Firing School.

STATE ASSOCIATION/CLUB ENDORSEMENT

I, recommend that _____ be granted
(applicant's name)
an age waiver to participate in the 2016 National Trophy Rifle/Pistol Matches.

(Date)

(Name and Signature)

(Position Held in State Association/Club)

Liability Release To Be Signed By Parent or Legal Guardian

In consideration for the admission of this Junior to participate in an activity of the Civilian Marksmanship Program (CMP) I hereby: 1) Give my permission for this Junior's participation in the 2016 National Matches; and 2) Release the CMP and any other organizations sponsoring or supporting such activity (including all directors, officers, employees, agents, and volunteer workers) from any claim or liability that may arise directly or indirectly from this Junior's presence or participation in the activity; and 3) Agree to defend, indemnify, and hold harmless the parties referred to in 2) above from any claim arising from any wrongful or negligent conduct by this Junior.

(Date)

(Signature of Parent or Guardian)

(Please Print Name of Parent or Guardian)

Required: Please attach copies of match bulletins from 2-3 approved and registered matches in which the junior has competed.