



CIVILIAN MARKSMANSHIP PROGRAM PARENT CONSENT

2017



JUNIOR CONTACT INFORMATION

Name: _____ CMP Competitor #: _____

Date of Birth: _____ Graduation Year: _____

Email: _____

School/Club Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PARENT/ GUARDIAN INFORMATION *(Emergency contact person)*

Name: _____ CMP Competitor #: _____

Relationship: _____ Email: _____

Address: *(If different than above)* _____

Telephone Number(s): _____

In consideration for the admission of this junior to participate in any activity of the Civilian Marksmanship Program (CMP) during calendar year 2017, I hereby:

1. Give my permission for this Junior's participation; and
2. Release the CMP and any other organization 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 Paragraph 2 above from any claim arising from any wrongful or negligent conduct by this Junior.
4. Agree that photographs of the participant taken during Civilian Marksmanship Program Events and the participant's competition results may be published or reproduced by the CMP in its printed or electronic communications.

Junior's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Valid 1Jan-31Dec 2017