**MARKSMANSHIP CONSENT FORM**

**We authorize our son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**to participate in marksmanship training. We grant our consent with the knowledge that the training will involve first and foremost passing a marksmanship safety class prior to firing the Challenger Air Rifle. We understand that we may arrange a visit to the range facilities and acquaint ourselves with procedures and safety precautions prior to this training.**

**Parent or Guardian Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Home Address and Telephone Number**