Square1 Outdoors, Inc. 660 Mt. Vernon Road Tupelo, MS 38804

## **Youth Membership Enrollment**

I, the undersigned, am enrolling my child as a member in Square1 Outdoors, Inc.'s Youth Shooting
Club. I understand that there are no fees associated with this membership and that my child's
participation in any club-sponsored activities is voluntary and that I may limit my child's participation in any particular
activity as I see fit. I also understand that it is my responsibility to update my child's emergency contact information and
personal health information on the club's consent for emergency medical treatment form should any changes occur. By
submitting these forms, along with this enrollment form, I am consenting to my child's enrollment as a youth club member
until his/her 18<sup>th</sup> birthday or until such time that I may choose to terminate my child's enrollment in writing.

	YOUTH MEN	BER INFORMATIO	N		
Date of Enrollment:					
First Name		MI	Last Name		
AGE: DOB:		DER (circle one):	MALE FEMALE		
	ld/yyyy				
Ethnicity (circle one): ASIAN	BLACK HISPANIC	INUIT LATINO	NATIVE AMERICAN	WHITE OTHER	
Physical Address:Street Address				_	
Street Address					
City		State	Zip	_	
Mailing Address (if different):					
,	Street Address				
	City	State	Zip		
	City	State	Δ.Ιρ		
		RDIAN INFORMATI			
We do not contact youth mem done through the parent or gu	• • •	nunications about a	ictivities, events, and p	rograms will be	
Please print full name:					
Please print full name:				<del></del> -	
Relationship to youth membe	r (circle one): MOTH	HER FATHER	GUARDIAN		
Primary phone number:					
Alternate phone number:					
Email address:					
Signature:				Page 1	



Child's Information

Signature

## **AUTHORIZATION and CONSENT TO MEDICAL TREATMENT OF CHILD**

I understand and fully accept that there are risks involved with outdoors activities and shooting sports and that accidents and injuries are common, ordinary occurrences during these activities. I agree to accept any and all risks of injury or death and verify this statement by placing my initials here: \_\_\_\_\_\_.

I, THE UNDERSIGNED, MAKE OATH AND SAY THAT I AM THE LAWFUL GUARDIAN OF THE CHILD LISTED BELOW AND THERE ARE NO COURT ORDERS NOW IN EFFECT THAT WOULD PROHIBIT ME FROM CONFERRING THE POWER TO CONSENT UPON ANOTHER PERSON.

Name:			First		MI
\ddress:					
Gender (circle one):	MALE Allergies:			DOB (DD/MM/YYYY):	/
Present medical	conditions: <sub>-</sub>				
Past medical illness	es/injuries: <sub>-</sub>				
	edications: _				
Daily m					
INSURA  I give my consent for  Medical/phy First Aid and Transportation	ANCE COMP : : sical examin any necessa on by ambul	ANY:	volunteers a ment to medical r		
INSURA  I give my consent for  Medical/phy First Aid and Transportation	: sical examin any necessa on by ambul ther necessa	ANY:	volunteers a ment to medical r	and first responders	
Insuration  Insura	Sical examinany necessary necessary therefore necessary or mation	ANY:  nation by trained ary medical treat lance and access ary medical imag	volunteers a ment to medical r ing	and first responders	

Date



## Release, Waiver, Indemnification, Hold Harmless, and Assumption of the Risk Agreement

WHEREAS, in return for instruction in safe firearms handling, use of premises, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Undersigned agrees to the following:

The Undersigned agrees to indemnify, hold harmless and defend Square1 Outdoors, Inc., and any of its associates, directors, officers or agents from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits arising out of, related to or connected with: the discharge of firearms; the course of instruction; the Undersigned 's participation in the course of instruction; the range, buildings, land and premises used for the course of instruction (hereinafter the "Premises"); the Undersigned's presence on or use of said Premises; and any and all acts or omissions of the Undersigned. And should any such claim, demand or lawsuit arise or be asserted in any way whatsoever related thereto, whether arising under the laws of the United States or of any State, or under any theory of law or equity, the Undersigned will indemnify, hold harmless and defend Square1 Outdoors, Inc. from any and all costs, expenses or liability including, but not limited to, the cost of any settlement or judgment made or rendered against Square1 Outdoors, Inc. whether individually, jointly, or in solido with the Undersigned, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand or lawsuit, including attorney's fees.

The Undersigned furthermore waives for himself/herself and his/her executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands and any other actions whatsoever, which he/she may have or which may arise against Square1 Outdoors, Inc., (including, but not limited to any and all injuries, damages or illnesses suffered by the Undersigned or the Undersigned's property), which may, in any way whatsoever, arise out of, be related to or be connected with: the course of instruction; the Premises, including any latent defect in the Premises; the Undersigned's presence on or use of said Premises; the Undersigned's property (whether or not entrusted to Square1 Outdoors, Inc.); and the discharge of firearms. Square1 Outdoors, Inc. shall not be liable for, and the Undersigned, on behalf of himself/herself and his/her executors, administrators, assignees or heirs, hereby expressly releases Square1 Outdoors, Inc. from any and all such claims.

The Undersigned hereby expressly assumes the risk of entering the Premises and of taking part in activities on the Premises which include, but are not limited to, instruction in the use of firearms, the discharge of firearms and the firing of live ammunition.

The Undersigned furthermore hereby acknowledges and agrees that he/she has read, understands and will at all times abide by all Square1 Outdoors, Inc. range rules and procedures.

This instrument binds the Undersigned and his / her executors, administrators, assignees or heirs.

Signature	Date
	en (18) years, a parent or guardian signature is required above. Please used as evidence of consent on behalf of the parent for qualified medical emergency.
Youth's Name	Emergency Phone Number

## **Photography Release**

I hereby grant Square1 Outdoors, Inc. permission to use my likeness in a photograph or a video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Square1 Outdoors, Inc., and will not be returned. I hereby irrevocably authorize Square1 Outdoors, Inc. to edit, alter, copy, exhibit, publish or distribute such photos or videos for purposes of publicizing Square1 Outdoors, Inc.'s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Square1 Outdoors, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

First	MI	Last
hereby certify that I am the parent or gueservation to the foregoing on behalf of		d child and do hereby give my consent witho
arent/Guardian's Signature	Date	