MINOR WAIVER FORM

Parent Name*

First		Last
Parent's Driver's License #*		
	_State	
Minor Name*		
First		Last
Minor Birthdate (DOB)		

PARENTAL AUTHORIZATION FOR MINOR CHILD TO SHOOT WITH A THIRD PARTY

I hereby give my parental consent and authorization.

I acknowledge that I am the natural parent, adoptive parent, or legal guardian (and NOT step-parent) of the minor child (under 21 years of age). I hereby authorize the following listed party or parties, whom I personally know to be 21 years of age or older, to bring the above-referenced child Bullseye Precision LLC, to shoot various firearms. The adult party has been instructed that they must be with the minor child at all times while the minor child is in the shooting area of the range. I understand and acknowledge that this Authorization form shall be on file with Bullseye Precision LLC. Only the following person(s) is authorized to bring my child shooting.

Parent Signature

Date:

