

SAN GABRIEL VALLEY JUNIOR GUN CLUB ONE DAY AUTHORIZATION AND CONSENT FORM

There will be a charge

Please print plainly, in ink.

Date _____

Parents Name _____

Minor's Name _____

Address _____ City _____ State _____ Zip _____

Phone No. (_____) _____ Minor's Birth Date _____ Minor's Age _____

I, _____ the parent/legal guardian of _____ do hereby give permission to the SAN GABRIEL VALLEY GUN CLUB/JUNIORS and its instructors to furnish a rifle, pistol, revolver, shotgun, air rifle, and/or air pistol to said minor for the purpose of instructing him/her in the safe handling of firearms and safe shooting. All ammunition must be supplied by parents/legal guardian.

I do further agree to indemnify and save harmless the SAN GABRIEL VALLEY GUN CLUB/JUNIORS, its instructors and all officers and employees thereof, from all suits or actions brought for, or on account of any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or omission of the above named minor occurring during the course of said instruction.

Dated _____

Parent _____

Signed _____

Legal Guardian _____

AUTHORIZATION TO CONSENT TO TREAT A MINOR

We the undersigned parent / guardian of _____, a minor, do hereby authorize the SAN GABRIEL VALLEY GUN CLUB/JUNIORS 4001 Fish Canyon Road, Duarte, California 91010 (626) 358-9906 as agents for the undersigned to consent to and to provide any first aid as required and any x-ray examination anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until revoked in writing and delivered to said agent(s).

Name of insurance _____ Policy No. _____

Dated _____ Special medical information _____

Doctor's Name _____ Doctor's Address _____

Doctor's City _____ Doctor's phone No. _____

Parent's Signature _____ Parent's Home Phone No. _____

Parent's Business Phone No. _____ Witness Signature _____