



NRA Law Enforcement Explorer Qualification Program

CONSENT FORM

First name and middle initial of Explorer

Last name

Address

Birth Date (month/day/year)

City

State

Zip

NRA Training Activity:

Above named Explorer has requested to participate in an NRA (National Rifle Association) sponsored handgun qualification course, described on attached flier and further explained at this Internet site: <http://www.learningforlife.org/exploring/lawenforcement/99-264/handgun.html> The purpose of the qualification program is three fold:

1. Teach respect for firearms.
2. Provide training and exposure to the basics of pistol shooting.
3. Promote firearms safety.

The Explorer Program authorizes such training by NRA-certified instructors. This program provides classroom training in handgun safety, with an opportunity to fire live rounds in a supervised environment.

Waiver of Claims:

In consideration of the benefits to be derived from participation in this activity, any and all claims against Learning for Life (Parent Organization), Post 823, the Cicero Police Department, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

Approval:

I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify its correctness. (If two parents/guardians, both need to sign.)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____