



T&M Shooting Sports, Inc.

DBA: Shooting Sports

21845 Highway 27, Little Falls, MN 56345

ShootingSportsLittleFalls@gmail.com

320-632-9204

Shooting Sports Range Use Youth Permission Slip 2026

Date: _____

AS THE PARENT/LEGAL GUARDIAN OF: _____ DOB: _____

I understand that shooting firearms on the range at Shooting Sports may involve a certain amount of risk. I have carefully considered the risk involved and give my son/daughter my consent to participate in shooting firearms under the direct supervision of a parent/legal guardian or any person(s) listed below for any date during the calendar year ending on December 31, 2026. **Child must have firearm safety certificate.**

Firearm Safety Certificate Number: _____

I hereby give permission to, _____, to act as my child's guardian in my absence.

I hereby give permission to, _____, to act as my child's guardian in my absence.

I hereby give permission to, _____, to act as my child's guardian in my absence.

Parents/Legal Guardian Names (Print): _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phones:** _____

WAIVER OF LIABILITY

Risk of loss: Shooter assumes all danger and risk of loss, injury or damage incidental to the discharge of firearms and weapons upon the shooting facilities, whether such loss, injury or damage shall be caused by the actual or passive negligence of T & M Shooting Sports, Inc., dba as Shooting Sports (Shooting Sports) or any of its employees, agents or otherwise, and agree to discharge, release and hold harmless Shooting Sports, its employees agents or otherwise from any and all claims or injuries that may arise out of or in connection with use of the facilities.

I HAVE READ AND UNDERSTAND THE LIABILITY WAIVER:

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Please note we need a copy of your Driver's License and/or State Id along with this permission slip. Thank you.