



Permission of legal guardian/parent for the visit of Kolbenova/Kolbenova B shooting range and taking part in shooting activities with firearms under the supervision of the shooting range instructor

Name of the child/ward: _____ Age: _____

Address: _____

Date of birth and ID number: _____

Name of legal guardian: _____

Relation to the child/ward: _____

STATEMENT:

I, as a legal guardian/parent, give permission to my child/ward to take place in shooting range activities that include the shooting of firearms under the supervision of a licensed shooting range instructor.

Date: _____

Signature: _____