



Fletcher Arms Minor

# SHOOTING CONSENT FORM

I \_\_\_\_\_ as the parent or legal guardian of  
(LEGAL NAME)

\_\_\_\_\_ give permission for \_\_\_\_\_  
(MINOR NAME) (ADULT NAME)

to be the chaperone for my child on the range at Fletcher Arms in Waukesha.

I certify that my child is over the age of 10 years, and I have completed a Waiver on behalf of my minor child.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

IDENTIFICATION HERE