2020 Parent/Guardian Consent Form for Youth (under age 18) to Possess and Use Handgun and Ammunition at Blue Grass Sportsmen's League

In recognition of the provisions of the Youth Handgui 18 U.S.C. Chapter 44, I declare the following:	n Safety Act as set forth in the Gun Control Act of 1968,
(1) That I am the custodial parent or guardian of a jurwhose date of birth is	
(2) That I, myself, am not prohibited by Federal, Stat	te, or local law from possessing a firearm;
	ssion to possess and use a handgun and ammunition for the onthly IDPA pistol matches held during 2020 at the Blue /.
I understand that these IDPA matches at the Blue Gra whereby the participant fires a handgun at multiple targets dur	ass Sportsmen's League involve a form of "target practice" ring several "stages," or courses of fire.
The undersigned parent or guardian has the right to re revocation to Lin Edwards at 4092 Bridgemont Lane, Lexingt	evoke this consent in writing by providing a signed, written ton, KY 40515-6032.
all liability which may arise out of loss, damage, injurice activities. I acknowledge that I am over the age of (18 hazards inherent upon competitive shooting matches, and loss of property through misplacement or theft. I terminate my child's participation immediately upon his directions of the club officials. I further state that I have and freely enter into it on behalf of myself and my dist	servants, and any other contributor, sponsor, or affiliate from es, or deaths which my child may sustain during these beginning) eighteen years and that I am aware of the risks and including but not limited to accidental discharge of firearms further acknowledge the right of the above mentioned to is/her failure to comply with all the rules, regulations and we read the foregoing participation agreement and release tributors, heirs, next of kin, executors, and administrators.
SIGNATURE of parent or guardian (circle) (Note: signature must either be	
COMMONWEALTH OF KENTUCKY COUNTY OF	Adult Witness To Parent or Guardian's Signature (fill in below if not notarized):
The foregoing was acknowledged, subscribed, and	Signature of witness
sworn before me by on	Printed name of witness
the, 2020.	Street address
My commission expires:	City, State, ZIP
NOTARY PUBLIC, STATE AT LARGE	Phone number

Date witnessed

NOTARY PUBLIC, STATE AT LARGE