

Parental/Guardianship
Marksmanship Training Participation Waiver

I the parent/guardian of, _____ request that our son/daughter, _____ be permitted to participate in Gateway High School MCJROTC Marksmanship Training. We grant our consent with knowledge that the training will involve the firing of rifles. We understand that we may arrange to visit the range facilities and acquaint ourselves with procedures and safety precautions.

Print Name (Parent/Guardian)

Signature (Parent/Guardian)

Date

(_____)
Parent/Guardian Contact Number