

McHenry Illinois Defensive Pistol Association, Inc.

Authorization by Parent or Guardian (Required for All Participants Under the Age of 21)

Last Name _____ First Name _____ Middle Initial _____

Participant Name _____ Participant Age _____

Street Address _____

City _____ State _____ ZIP _____

E-mail _____ Phone _____

IL FOID # _____ Expiration Date _____ or Resident of _____ (State)

I, the Parent or Guardian of the above participant (under the age of 21 years), having completed the attached Release of Liability, Indemnification, and Hold-Harmless Agreement ("Agreement"), hereby give my permission for my child or ward to participate, observe, or otherwise be a guest at McHenry Illinois Defensive Pistol Association, Inc. ("McHenry IDPA") events. I further state that I have carefully read this Agreement and fully understand its contents and freely enter into it on behalf of myself and my child or ward.

I give permission for my child or ward to possess and operate a handgun at McHenry IDPA events. If my child or ward is under the age of 18 years, I understand that I must be present at all times when my child or ward is present for activities for which I am giving this release.

Signature _____ Date _____

Witness _____ Witness Name _____ Date _____