



**Paralyzed Veterans  
of America**

## **WISCONSIN PARALYZED VETERANS: YOUTH TRAPSHOOT**

This event is presented by Wisconsin Friends of the NRA.

**Wisconsin Paralyzed Veterans**  
**2311 S. 108th Street**  
**West Allis, WI 53227-1901**  
**[www.wisconsinpva.org/events](http://www.wisconsinpva.org/events)**  
**[lehmanp@wisconsinpva.org](mailto:lehmanp@wisconsinpva.org)**

**NOTE:** Please make checks payable to Wisconsin Paralyzed Veterans. Please **DO NOT** send cash. Onsite registration will be accepted with check or cash payment. No credit or debit cards.

### **BANQUET OPTIONS\***

Additional tickets: \$25	\$ _____
<b>TOTAL</b>	\$ _____

\* Youth & one guardian are free.

**Name:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Age:** ☐ 11–15 ☐ 16–17

**Have you ever competed in a Paralyzed Veterans shooting event?**

☐ Yes ☐ No

**Will shoot 300 birds (does not qualify for youth awards):**

☐ Yes ☐ No

**In case of emergency, please contact:**

**Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Hotel accommodations:**

**Number of people:** \_\_\_\_\_ **Arrival Date:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

### **Waiver and release:**

This is to certify that I, \_\_\_\_\_, the undersigned, am the (parent and natural guardian or legal guardian) of \_\_\_\_\_. I acknowledge that I have read and understand the above document and am fully aware of the legal consequences of signing this instrument. I hereby represent that I am, in fact, acting in such capacity and agree to save and hold harmless and indemnify each of the above RELEASEES from any and all liability, loss, cost, claim or damage whatsoever (including reasonable attorneys' fees) that may be imposed upon them because of any defect in or lack of such capacity to so act, on behalf of my child, my child's other parent(s) and guardians. I consent and agree to my child's participation in the event, and I consent and agree to my child's release as provided above of all RELEASEES, and for myself, my heirs, assigns, personal representatives and next of kin. I release and agree to indemnify and hold harmless the RELEASEES from any all liabilities incident to my minor child's involvement or participation in this shoot as provided above. EVEN IF ARISING FROM THEIR NEGLIGENCE.

I hereby give permission for the staff of the RELEASEES to seek, during the period of the program, emergency medical attention for my child, and for the medical attention to be given in the event of accident, injury or illness. I agree to bear the full responsibility for the cost of such care.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Telephone Number:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_