



Juvenile Waiver – 2023

(Guardian’s Release, Assumption of Risk and Indemnity Agreement)

Juvenile Name: _____ D.O.B. ____ / ____ / ____

Address: _____ Sex: ____ Age: ____

1. Supervision of Juveniles: I (printed name of parent or legal guardian) _____ acknowledge that under N.J. criminal code 2C:58-6.1 “no person under the age of 18 years shall possess, carry, fire or use a firearm except in the actual presence and under the direct supervision of his/her father, mother or legal guardian, or some other person who holds a permit to carry a handgun or a New Jersey Firearms Purchaser Identification Card; or for the purpose of competition, target practice, instruction, and training in and upon a firing range approved by the governing body of the municipality in which the range is located and which is under competent supervision at the time of such supervision or target practice or instruction and training’, I am permitting the juvenile under my authority to use a firearm at the Tactical Training Center, LLC. (hereafter identified as TTC) in Flemington, N. J. and I certify the following:

A. I am the actual father/mother or legal guardian of (print juvenile’s name) _____ and I agree on his/her behalf to the terms and conditions of the TTC and the assumption of risk and indemnity agreement as indicated in this document and on the TTC Shooter Waiver, on behalf of the juvenile under my authority identified above, as if such person were of legal age and had signed this certification on his/her own behalf.

B. As the legal guardian of the juvenile identified above, I have read and explained the TTC Range Rules to the juvenile or acknowledge that the juvenile has read and understands the Range Rules and that both the juvenile and I have viewed the National Shooting Safety Foundation (NSSF) Range Safety and Range Etiquette video at the TTC.

C. I understand that this waiver is valid for the period of one year from the date indicated below.

D. Secondary “Juvenile Shooting Supervisor” Authorization: As the legal guardian of the juvenile identified above, I give my permission and consent to allow the below listed adult(s) to accompany onto the range and supervise the firearms activities of the juvenile identified above in my absence. Any below designated “Juvenile Shooting Supervisor” must be eligible by N.J. law and TTC policy to discharge firearms at the TTC and must be identified by me as being a safe and competent firearms supervisor.

Name

Relationship

(Signature of parent/guardian) _____ Date: _____

2. I (print juvenile’s name) _____ understand the TTC Range Rules. I have watched the NSSF Safety and Range Etiquette video and agree to utilize any firearm safely. Additionally, I agree to follow the directions and range commands of anyone supervising my use of firearms while at the TTC to include, but not limited to my legal guardian, any authorized “Juvenile Shooting Supervisor” or any TTC Range Safety Officer, Instructor or other representative.

(Signature of juvenile) _____ Date: _____