

# YOUTH WAIVER

I, \_\_\_\_\_ give permission for my child  
\_\_\_\_\_ to go to Knapp Weaponry LLC, located at 2901 W. Central,  
Wichita, KS 67213, under the supervision of \_\_\_\_\_ on this \_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_. I authorize permission for the person who is supervising my child to have  
medical rights and power of attorney while at Knapp Weaponry.

I, my agents, assigns, executors or administrators, for the consideration of being allowed to enter, rent  
and use the facilities, and services of Knapp Weaponry. And, for other valuable consideration do hereby  
absolutely and unequivocally agree to release and hold harmless Knapp Weaponry, its agents,  
employees, and instructors assigns and successors from any claim, demand or liability whether claimed  
by myself or another arising out of my injury, loss or disability connected with the above use of the  
facilities and services.

## PARENT/LEGAL GUARDIAN

\_\_\_\_\_

Signature

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Date

## GUARDIAN WHILE AT KNAPP WEAPONRY

\_\_\_\_\_

Signature

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Date