

Atlantic County Department of Public Safety
Atlantic County Public Range Facility
(Range Identification Card Application for Minors)
(10 years old up to and including 17 years old)

This certifies that the undersigned is the parent or adult legal guardian of the minor(s) named below, and take full responsibility for his/her actions and agree to provide direct and constant supervision. It is further understood that the below named minor(s), parent, and/or adult legal guardian have all read and understand the range rules governing safety and conduct on the Atlantic County Public Range Facility and do hereby agree to abide by these rules and regulations. It is further understood that any infraction of these rules and regulations will result in expulsion from this facility.

INDEMNIFICATION, DEFEND AND SAVE HARMLESS AGREEMENT

In choosing to participate in Range activities, the undersigned acknowledges the risk inherent in the use of firearms and archery materials. In return for permission to use the Range facilities the undersigned hereby agrees and does expressly Indemnify and Save Harmless the County of Atlantic and its agents, servants, and employees from and against any and all claims, damages, injuries or causes of action for liability howsoever caused, resulting from or in any way connected with the use of or participation in Range activities.

In the event of any claim and/or litigation in which the County or its agents or employees shall be named, the undersigned hereby agrees to indemnify the said County of Atlantic its agents and servants for any and all costs incurred or arising from the said claims or litigation.



The preceding Indemnification and Save Harmless agreement shall be binding as to the adult signatory as well as any claim arising as a result of his/her or their supervision of a minor child or ward in using or participating in Range activities.

 Applicant use (Please print legibly) 

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____
_____ Zip Code: _____ Date: _____
Drivers License No.: _____ **Signature:** _____

Parent or Adult Legal Guardian:

Last Name: _____ First Name: _____ Middle Initial: _____
Signature: _____ Date: _____

 For Office Use Only 

Attach Copy of Parent or Adult Legal Guardian Approved Range Identification Card Application: _____

Parent or Adult Legal Guardian Range Identification Card Number _ _ - _ _ _ _

Required Safety Educational Programs

Hunter Safety Educational Courses: Bow & Arrow ___; Rifle/Blackpowder ___
Other Firearm or Archery Safety Educational Course (List Name of Course): _____

Resident	Non-Resident	New Application	Renewal
Fee Received: _____		Approved for: Archery ___; Rifle (.22 caliber or air rifle) ___	
Check Number: _____		Range I.D. Card Number Assigned: ___ - ___	
Approved by: _____			
Date: ___/___/___			