

# ***YOUTH GUN SAFETY CLASS***

**Tuesday, October 18th, 25th & November 1st 3:00pm to 4:30pm  
and Saturday, November 5th 10am-noon**

**Hillsborough Police Training Room and Deering Fish & Game Club**

Students must be between ages 11 & 15 and be residents of  
Hillsborough or Deering

Instructors are Russell Galpin, Robert Thomas and Walt Morse

***Cost of the 4 week course is \$10***

*Please make checks payable to the Town of Hillsborough & send to  
Offices of Youth Services & Recreation, PO Box 7, Hillsborough, NH 03244*

***• Scholarships are available •  
Class limited to 15 students***

## **Course Overview**

Basic understanding and familiarity with firearms with a particular emphasis on firearm safety. Class will involve safe handling of firearms, making guns safe, firearm demonstrations and students will be given a hands-on opportunity to fire air rifles. One class will focus on the influence of social media, movies, TV and video games on gun violence.

For more information please contact the Hillsboro Office of Youth Services & Recreation at 464-5779

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## ***Youth Gun Safety Class Registration Form***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_

### **LEGAL RELEASE FROM LIABILITY, WAIVER OF RIGHT TO SUE, AND HOLD HARMLESS AGREEMENT**

I know that the use of firearms and target shooting are potentially hazardous activities involving a possible risk of serious bodily injury or death. I agree to abide by all safety rules and any decision of any program providers. I freely assume all risks associated with the use of firearms in this event including risk of bodily injury or death or any other damage arising as a result of my participation. Having read this waiver and knowing these facts and in consideration of you accepting my participation in this youth gun safety course, I, for myself, and, where applicable, my minor child, hereby release from liability, waive any rights to sue and hold harmless the Town of Hillsborough instructors, employees & volunteers affiliated with this course. In case of an emergency, I hereby give my permission to the program employees and volunteers to administer or secure necessary first aid treatment, including emergency medical services for the below named participant and hereby expressly waive any and all claims of any nature arising from such treatment.

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Participant Signature

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Parent Signature