



# DELRAY SHOOTING CENTER

**Delray Shooting Center \* 1505 Poinsettia Drive, Suite H \* Delray Beach, FL 33444 \* (561) 265-0700**

PARENTAL CONSENT LETTER -

REQUIRED FOR EACH VISIT OF A MINOR (UNDER 18yrs. Old) With an adult (over 21yrs. Old) OTHER-THAN THEIR CUSTODIAL PARENT/GUARDIAN.

I, \_\_\_\_\_ do hereby give my consent that  
(name of parent or legal guardian)

\_\_\_\_\_ may accompany \_\_\_\_\_  
(name of child) (name of other adult)

to the Delray Shooting Center on \_\_\_\_\_ thru \_\_\_\_\_  
(date) (if applicable; 'Up-to-1 year')

for the purpose of firing firearms. I give this consent knowing and accepting the risks and dangers associated with this activity.

\_\_\_\_\_ Dated: \_\_\_\_\_  
(signature of parent or legal guardian)

STATE OF FLORIDA  
COUNTY of PALM BEACH

Before me appeared \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_, 201\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_, as identification and who did take an oath and  
acknowledged that the signature above is theirs and that they freely and voluntarily gave the consent set

forth above.

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_,

SEAL:

\_\_\_\_\_

Signature of Notary Public State of Florida