An Introduction to Game Shooting – A1 Shooting Ground, Barnet, Hertfordshire, EN5 3HW

28th May 2021

BASC has a vulnerable adult policy which can be downloaded from the BASC web site www.basc.org.uk. Please read this as it is important.

Please complete and email this form to SouthEast@basc.org.uk

PLEASE COMPLETE ONE FORM PER PERSON

|  |  |  |
| --- | --- | --- |
| Name: | | Date of Birth: |
| Address: | | |
| Tel: | Emergency Contact No: | |
| BASC membership No.: | | |
| Email Address  If you would like to be kept up to date with regional news and events tick the box below to opt in to receive emails from BASC. We take your privacy seriously, rest assured we do not sell your personal data to any third party.  Regional News/  Events Emails | | |
| Where did you hear about this event – email, word of mouth, magazine, web, other | | |
| Please specify the calibre of your shotgun: | | |

Specific information relating to participant

All participants must hold a current shotgun certificate.

Do you have any medical or special needs we should be aware of e.g. epilepsy/medication/disability?

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Photography:

During the event we may take photographs for promotional reasons please can you tick

the box to agree to photographs being taken during the event, which may subsequently

feature in BASC Publications.

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| **BASC Cancellation Policy**  In certain instances, it may be necessary to cancel an event. Whilst this is unfortunate BASC reserves the right to cancel the day without prior notice. However every effort will be made to provide as much notice as possible if cancellation proves necessary. **In the event of a cancellation all monies will be refunded**. **PM/SS/070311** |

**Terms and Conditions**

All activities organised by the British Association for Shooting and Conservation Limited (BASC) are undertaken at the participants’ own risk. Participants under eighteen years of age must have the written consent of their parent or guardian.

Participants must declare to BASC any circumstance which may influence their participation in any activity and in particular any circumstance which could place themselves or others at increased risk. Such declarations must include medical conditions including the use of any drug or intoxicant as well as any professional or social circumstance including criminal record which may affect their performance or their entitlement to use or be in possession of guns or vehicles or other equipment(see Possession of Guns - Prohibited Persons Declaration below).

BASC accepts no responsibility for any injury or damage or loss or any claim made in respect of or resulting from the contract or the provision of services by BASC however caused provided that this shall not exclude any liability of BASC or its employees or agents for injury or damage or loss or claim resulting from gross negligence.

BASC accepts no responsibility for or liability in respect of any claims by any third party which may arise from any act or omission or negligence on the part of any participant or external contractor.

BASC reserves the right to refuse or cancel or alter or modify the provision of activities and services and/or the use of equipment to any person or body at any time and without notice provided that this shall not indemnify the BASC from the non-application of equal opportunity and human rights legislation. If your behaviour is deemed to place other people or property at risk we reserve the right to exclude you from the day.

In the provision of activities or services by BASC the decisions of BASC its employees and agents are final and binding.

**I declare that I am not a prohibited person by virtue of Section 21 of the Firearms Act 1968 or Article 63 of the Firearms (Northern Ireland) Order 2004. Please see notes below.**

**I also declare that I have read and understood the Firers Safety Briefing Document for 2020 range days on the BASC website.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Parent/Guardian with responsibility)***

**DATE: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**