

**THE NATIONAL RIFLE ASSOCIATION OF INDIA  
GUJARAT STATE RIFLE ASSOCIATION  
AHMEDABAD DISTRICT RIFLE ASSOCIATION**

**SHOOTERS DECLARATION FORM**

(As per decision of Governing Body of NRAI dated 30.11.2003)

NAME OF THE COMPETITION	
NAME OF SHOOTER	
STATE/UNIT	
DATE OF BIRTH	
COMPETITOR NO.	

**Declaration**

I have read all the rules of National Rifle Association of India / Gujarat State Rifle Association and International Shooting Sports Federation and I fully know about handling of Arms and Ammunition and I will use them by taking all the safety precautions, I shall be responsible for violation of any safety. I declare that the information regarding my participation is correct and I am Qualified / eligible to participate in the above mentioned competition and category for which my entry has been sent by my state/ Unit and nothing has been concealed. I shall be responsible for any false information or suppression of facts and for which disciplinary action may be taken against me. I shall participate in above said competition at my own risk and responsibility. For any mishap or accident at the competition site or anywhere during travel, the National Rifle Association of India/ Organizers or its office bearers shall not be held responsible.

Date: \_\_\_\_\_

Signature of shooter: \_\_\_\_\_

**Declaration from Parents/guardians for Junior**

I \_\_\_\_\_ Father/Mother/Legal Guardians of above named shooter has read the rules of National Rifle Association of India and International Shooting Sports Federation. The shooter is fully aware of handling of Arms and Ammunition and he/she will use them by taking all the safety precaution. He/she shall be responsible for violation of any safety. I declare the information given regarding his participation/date of birth/state/unit is correct and shooter is qualified/ eligible to participate in the above mentioned competition and category for which his entry has been given and nothing has been concealed. I do not have any objection if the age of shooter is ascertained by anyone one or panel of doctors appointed by the National Rifle Association of India. I shall be responsible for any false information or suppression of fact and for which, disciplinary action may be taken against the shooter. He/she shall participate in above said competition at his/ her own risk and responsibility. For any mishap or accident at the competition site or anywhere during travel the National Rifle Association of India/ Organizers or its office bearer or officer shall not be held responsible.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

(COUNTER SIGNED BY)

President/Secretary \_\_\_\_\_

Name of State/Unit \_\_\_\_\_