

# REQUEST FOR AGE WAIVER

**Required for Pistol Participants under the age of 14 and  
Rifle Participants under the age of 12**

Name: \_\_\_\_\_ CMP Competitor #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

Current CMP or NRA Classification: \_\_\_\_\_

**The CMP strongly recommends that all juniors participate in the Small Arms Firing School.**

## **STATE ASSOCIATION/CLUB ENDORSEMENT**

I, recommend that \_\_\_\_\_ be granted and age waiver to  
(applicant's name)  
participate in a 2025 CMP Sanctioned Match.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name and Signature)

\_\_\_\_\_  
(Position Held in State Association/Club)

## **Liability Release To Be Signed By Parent or Legal Guardian**

In consideration for the admission of this Junior to participate in an activity of the Civilian Marksmanship Program (CMP) I hereby: 1) Give my permission for this Junior's participation in the 2025 CMP Sanctioned Match; and 2) Release the CMP and any other organizations sponsoring or supporting such activity (including all directors, officers, employees, agents, and volunteer workers) from any claim or liability that may arise directly or indirectly from this Junior's presence or participation in the activity; and 3) Agree to defend, indemnify, and hold harmless the parties referred to in 2) above from any claim arising from any wrongful or negligent conduct by this Junior.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Please Print Name of Parent or Guardian)

**Required: Please attach copies of match bulletins from 2-3 approved and registered matches in which the junior has competed.**

Please email the completed form and requested material to [competitions@thecmp.org](mailto:competitions@thecmp.org).

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

Approved By: \_\_\_\_\_