PISTOL

RANGE STANDARD OPERATING PROCEDURES (RSOP)

30 March 2020

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Chapter 1
Overview

Preamble. The preamble normally provides information as to the origin of the organization and range, organization's purpose and brief description of the range.

Purpose of the Range. The organization's ranges provide opportunities for recreational and competitive shooting for its members, guests and invited public. It also provides specialized shooting events as directed by the board of directors. Safety is the governing consideration at all times.

Chapter 2
Organizational Information

Constitution. The organization's constitution is provided in this paragraph.

Range Location and Contact Information.
Name of Range ________________________________
Street Address __________________________________________
City ____________________________ State ________ ZIP ______
Website _______________________________________________
e-mail ________________________________________________
Phone ________________________________________________
Chapter 3
Organization Officers

President _________________________________________________
Phone ________________________ e-mail ______________________

Range Manager ____________________________________________
Phone ________________________ e-mail ______________________

Chief Range Safety Officer __________________________________
Phone ________________________ e-mail ______________________

Chapter 4
Schematic Layout of Range
The Schematic shows and labels range layout, trap houses, firing line, range limits, parking lot, ready area, lodge, entrance and roads from main highway. Provide distance scale. (sketch schematic layout below)
Chapter 5
Range Operations

1. General
2. Facilities to Use.
3. Range Limitations and Safety Requirements
4. Authorized and Prohibited Ammunition and Guns.
5. Range Closure.
6. Authorized Personnel.
7. Personnel Responsibilities.
8. Hours of Operation and Scheduling.
9. Alcoholic Beverages and Drugs.

1. General. Live firing conducted at the __________________________
Range Complex is designed to provide authorized personnel access to
a facility to become proficient with privately-owned guns.

2. Facilities for Use. Range availability is at the discretion of the Range
Manager (RM) according to the schedule.

3. Range Limitations and Safety Requirements.
Live fire shooters will:
   a. Fire only on ranges that have a Range Safety Officers (RSO).
   b. Fire only authorized guns and ammunition.
   c. Fire only at authorized targets.
   d. Fire only after completing the "Hold Harmless" agreement.
   e. Ensure all projectiles impact within the established range safety
      limits.
   f. Call "Cease Fire" and make sure all guns safe before a shooter
      moves forward of the firing line or during and unsafe situation.
   g. Call "Cease Fire" if firing line becomes staggered anywhere.
   h. Wear appropriate eye protection.
   i. Wear appropriate ear protection.
   j. Notify the RSO of any safety infractions.
   k. Police all brass and debris from range and deposit in containers
      provided.
   l. When shooters are members of BSA units, NRA-certified Range
      Safety Officer (per 3 pistol shooters or 8 rifle shooters) and NRA-
      certified Pistol Instructor (per each shooter) or Rifle Instructor (per
      8
shooters) are required.

m. Members of BSA units must receive the 30-minute BSA safety orientation for pistol or rifle before shooting.

4. **Authorized and Prohibited Ammunition and Guns.**
   a. Authorized ammunition: Any type of jacketed, frangible or lead "Ball" ammunition and air gun pellets/BB's.
   b. Authorized firearms: Rim fire, center fire and pellet rifles and pistols on outdoor ranges. Rim fire and pellet pistols and rifles permitted on indoor ranges only unless permitted by the Range Manager.
   c. Prohibited ammunition: Incendiary, tracer, armor piercing or explosive ammunition of any type.
   d. Prohibited Guns: Any gun without sights; fully automatic guns; Paint Ball guns or Air soft guns.
   e. Wearing, drawing or firing from any holster is prohibited unless during controlled classes or competition under strict oversight by the Range Safety Officer.

5. **Range Closure.** The range will be closed to shooters if determined unsafe by range manager, CRSO of board of directors. It may be closed to shooters during special events authorized by the board of directors.

6. **Authorized Personnel.** The following are allowed to fire:
   a. Current members of the club.
   b. Invited guests of the above, provided authorizing person is present and assumes full responsibility for conduct of invited guests.
   c. Persons approved by the club officers, RM or CRSO on a case-by-case basis.

7. **Personnel Responsibilities:**
   a. **Range Manager (RM).**
      (1) Maintain range facility.
      (2) Ensures CRSO receives written range schedules as assigned.
      (3) Conduct CRSO, RSO and firearm instructor training as needed.

   b. **Chief Range Safety Officer (CRSO).**
      (1) Report for duty 1 hour prior to first scheduled live fire for the day.
      (2) Ensure each RSO understands and executes live-fire procedures.
      (3) Ensure each RSO checks in prior to going downrange.
      (4) Ensure RSO has valid shooting club identification and that
names of all RSO's are listed in CRSO binder.

(5) Ensures RSO signs out: 1 radio, appropriate keys, required range flags, "Hold Harmless" agreements, SOP binder and 1st aid kit.

(6) Inspects range with RSO at end of shooting day. Notes repairs and maintenance to be done.

(7) Assists the RM in conducting Range Safety Officer training.

c. **Range Safety Officer (RSO).** The club/organization president must approve anyone desiring to become an RSO. RSO status is attained by completing the RSO course conducted by the CRSO and performing duties under the mentorship of the CRSO and rated RSO's. The CRSO will grant RSO rating when the individual demonstrates all skills required. A "Hold Harmless" agreement will be completed by each RSO and provided to the RM in January.

   (1) Check in with CRSO 1/2 hour prior to first scheduled live fire.

   (2) Present shooting club identification.

   (3) Obtain following: "Hold Harmless" agreement forms, radio, 1st aid kit, range flags, keys and special instructions.

   (4) Test the radio.

   (5) Conduct range inspection using Pistol Range Checklist.

   (6) Check that all shooters have current club cards or valid guests and have completed "Hold Harmless" agreements.

   (7) Conduct Range Safety Briefing using Append 4 or BSA Range Safety Briefing if shooters are Scouts.

   (8) Request to conduct live fire from CRSO.

   (9) Conduct live fire. Failure of shooters to abide by procedures listed in chapter 6 may result from eviction from range. Report all incidents to the CRSO.

   (10) Notify CRSO by radio/person when live fire is finished and inspect range.

   (11) Turn in all equipment to CRSO/range manager.

d. **Members and Guests.**

   (1) All shooters must check in with the RSO on the scheduled range.

   (2) All shooters must complete "Hold Harmless" agreements.

   (3) Shooters and spectators will conduct themselves in an orderly manner at all times are responsible for conduct of their guests.

   (4) All shooters are responsible for their guns and ammunition.

   (5) Guns that are out of the case and are not being fired must be benched--magazines removed/cylinders open, chambers empty, safety ON and muzzle pointing up or downrange.
(6) Guns will be loaded only on the firing line and only on the order of the RSO.
(7) Do not point guns at anything other than authorized targets.  
(8) Give command "Cease Fire" in unsafe condition exists.  
(9) Follow all instructions from RSO.  
(10) Wear ear and eye protection on the firing line.  
(11) Police area of casings and debris.  
(12) No pets are allowed on range complex.  
(13) No food, drinks, texting, phone or smoking on firing line.  

8. **Hours of Operation and Scheduling.** The RM develops and posts the live fire schedule based on requests or as determined by the board of directors. All other range requests will be approved based on range availability. Information on range availability and scheduling may be made by calling the range at __________________________.

9. **Alcoholic Beverages and Drugs.** Shooters may not consume alcoholic beverages or drugs (including prescription and over-the-counter medications) before or during live firing. The CRS or RSO will deny range access to anyone in violation. There is no area at the range complex where alcoholic beverages are permitted.

10. **Emergency Support.** In the event of a medical emergency, call 911 and notify the CRSO immediately. Follow the Emergency Response Checklist at Appendix F of the SOP and prepare Injury Report form at Appendix G if there is an injury or illness.
Chapter 6
Emergency Procedures

Emergency Response Checklist. Found at Appendix F of this SOP. The RSO will carry this report while on duty at the range. Check off each step as completed. Place the date of emergency as the effective date.

Injury Report Form. Found at Appendix G of this SOP. The RSO will designate a responsible adult to the report during an emergency. Fill in every box. DATE and TIME should be shown at "Date of Injury and "Time of Injury" boxes of form.

Identify witnesses and provide with "Witness Statement" and ask they fill out with as much information as possible. Collect statements and attach to form.

Witness Statement forms are at Tab A to Appendix G of the SOP.

Weather. In the event of severe weather that could endanger shooters and spectators, the RSO will close down the range and evacuate area if required.

Incidents.
Minor Incidents - Cuts, sprains, dislocations, etc.
Administer 1st aid, "Cease Fire" only if affects range firing.

Major Incidents - Heart attack, choking, gunshot wound, etc.
1. Range Safety Officer (RSO)--Call "Cease Fire" and close range.

2. RSO and shooters-Follow Emergency Response Checklist
3. If gunshot wound: Notify sheriff or police.
4. Notify CRSO and Range Manager.

Unruly Persons.

For the purposes of this SOP, an unruly person is anyone who refuses to follow commands of the RSO, CRSO or Range Manager, poses threat to self or others or is obviously under influence of alcohol or drugs.

The phases of discipline are as follows:
1--Ask the person to follow rules and stop unruly behavior.
   IF NOT OBEYED
2--Order the person off the range and report name to CRSO.
   IF NOT OBEYED
3--Close range, evacuate the area and notify the sheriff/police and request assistance. Watch individual and if departs, note vehicle type and license number.
## APPENDIX A
### RIFLE/PISTOL OUTDOOR RANGE INSPECTION CHECKLIST

See Tab A for Indoor Range Checklist

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled access/Fencing/Gates closed</td>
<td></td>
</tr>
<tr>
<td>Flags or signs displayed</td>
<td></td>
</tr>
<tr>
<td>Left and right range limits displayed</td>
<td></td>
</tr>
<tr>
<td>Backstop/impact area inspected</td>
<td></td>
</tr>
<tr>
<td>Firing positions marked and clean</td>
<td></td>
</tr>
<tr>
<td>Sandbags/gun rests available</td>
<td></td>
</tr>
<tr>
<td>Ready line/area marked and clean</td>
<td></td>
</tr>
<tr>
<td>Spectator area designated</td>
<td></td>
</tr>
<tr>
<td>Targets/frames/stapler available</td>
<td></td>
</tr>
<tr>
<td>Emergency communications working</td>
<td></td>
</tr>
<tr>
<td>1st aid kit filled/accessible</td>
<td></td>
</tr>
<tr>
<td>PA system/bullhorn working</td>
<td></td>
</tr>
<tr>
<td>Range rules posted</td>
<td></td>
</tr>
<tr>
<td>Bulletin board posted</td>
<td></td>
</tr>
<tr>
<td>Gun racks/pistol boxes available</td>
<td></td>
</tr>
<tr>
<td>Trash containers available</td>
<td></td>
</tr>
<tr>
<td>Dud bucket labeled</td>
<td></td>
</tr>
<tr>
<td>Washing area stocked</td>
<td></td>
</tr>
<tr>
<td>Lockable storage</td>
<td></td>
</tr>
<tr>
<td>Lights working</td>
<td></td>
</tr>
<tr>
<td>Stools available</td>
<td></td>
</tr>
<tr>
<td>Firing benches serviceable</td>
<td></td>
</tr>
</tbody>
</table>

Comments: _________________________________________________________

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

## TAB A TO APPENDIX A
### RIFLE/PISTOL INDOOR RANGE INSPECTION CHECKLIST

Inspected by _____________________________ Date___________
<table>
<thead>
<tr>
<th>Controlled access/door closed</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backstop/Impact area inspected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number boards painted &amp; visible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target frames/mounts in good repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firing Line marked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firing points numbered/clean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shooting benches inspected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gun rests/sandbags available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ready Line marked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spectator area designated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilation system working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target return system working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency communications working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA system/bullhorn working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range rules posted</td>
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<tr>
<td>Bulletin board posted</td>
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<tr>
<td>1st aid kit filled/accessible</td>
<td></td>
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<tr>
<td>Gun racks/pistol boxes available</td>
<td></td>
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<tr>
<td>Trash containers available</td>
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<td>Dud bucket labeled</td>
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<td>Washing area identified</td>
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<td>Lockable storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lights working</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ___________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
• Provide overview of how the range firing is to be conducted.
• Introduce range personnel, their roles and where they will be located and how they can be identified (hats. etc).

2. RANGE LAYOUT AND LIMITS. Do the orientation on the range.
Point out each of the following and describe actions done there.
• Spectator Area--behind the Ready Area where visitors observe.
• Ready Area--Behind the Firing Line where shooters store and prepare.
• Firing Points--Shooters occupy positions on the Firing Line when told to do so. Points are numbered. Shooters may dry fire only at the firing points.
• Backstop--Located downrange behind the target line. Guns must point toward the backstop at all times. All firing is directed from firing points so that bullets impact at the backstop.
• Cleaning Area--Located at __________. Cleaning is authorized only in the cleaning area. No ammunition is allowed in the cleaning area.

3. DEMONSTRATE. Demonstrate shooting positions as follows.
• Bench Rest--Demonstrate and explain the elements.
• Two-handed--Demonstrate and explain the position.

   Instructor or RSO determines eye dominance of shooters.

4. GUN SAFETY RULES.
   3 Fundamental NRA rules for safe gun handling.
   • Ask: What is the 1st rule of safe gun handling? Answer: Always keep gun pointed in a safe direction.
   • Ask: What is a safe direction?
     Answer: The gun is pointed so that if it were to go off, it would not cause injury or damage.
   • Ask: What is the 2d rule of safe gun handling?
     Answer: Always keep finger off trigger until ready to shoot.
   • Ask: Unless shooting, where should the shooter's finger rest?
     Answer: The finger should rest alongside the gun--on the frame.
   • Ask: What is the 3d rule for safe gun handling?
     Answer: Always keep the gun unloaded until ready to use.

   Rules for Safe Use.
   • Know the target and what is beyond.
   • Be sure the gun is safe to operate.
   • Know how to use the gun properly: Must know the basic parts; how to safely open and close the action; and remove ammunition.
   • Use only correct ammunition for your gun.
   • Wear eye and ear protection.
   • Never use alcohol or drugs before or during shooting.
**General Safety Rules.** Ask shooters to read the rules as you point to range posters.
- Know and obey all range commands
- Know where others are at all times
- Shoot only at authorized targets.
- Do not handle gun or stand at firing line where guns are present when others are downrange.
- Stop shooting immediately on command "Cease Firing."

**Stoppages.** Explain the 3 common ammunition stoppages.
- **Misfire.** Cartridge does not fire after primer has been struck.
- **Hangfire.** A perceptible delay in ignition after primer has been struck.
- Procedure for handling misfires and hangfires is:
  - Keep gun pointed downrange.
  - Wait at least 30 seconds.
- **Squib load.** There is less than normal pressure after ignition and bullet may not exit barrel or lands short of target.
- Procedure for handling squib load:
  - Keep gun pointed downrange.
  - Unload the gun--make sure chamber is empty.
  - Insert cleaning rod down barrel to ensure bullet is not lodged in barrel.

**Range Specific Rules.**
- Notify the RSO if there is a stoppage, squib load, malfunction or unsafe practice.
- All guns must remain unloaded with action open except when on firing line and authorized to be loaded.
- Firing cannot be more than one round per second--firing so rapidly that it does not allow proper sight alignment.
- Firing from the hip, quick draw or "gangster style" is not permitted.
- Guns without sights are not allowed on the range.
- Do not pick up dropped ammunition from ground while at firing line.

**Administrative Range Rules.**
- At the end of the shooting period, pick up expended cartridges and other debris from your firing point and put in brass and trash containers.
- Record name and time at register before shooting.

**Hygiene Rules.**
- Wash hands and face with cold water after leaving range or cleaning area and before eating and drinking.
- Change and wash clothes after shooting and gun cleaning.
- Keep hands from mouth during shooting and cleaning.
5. **Firing Line Commands.** State and explain the standard range commands that will be used.

- **The range is open**—The range is available to be used.
- **Take your positions on the firing line**—Shooters move to their firing point and set up to begin shooting.
- **Protective Gear on**—Put on eye and ear protection.
- **Is the line ready?**—Allows shooters who are not ready to raise their hand and ask for time or assistance.
- **Load**—Insert magazines or load cylinders
- **Commence Firing**—Shooters aim at targets and begin firing.
- **Cease Fire**—Shooters cease firing immediately, open actions, remove magazine or clear cylinders, put gun on SAFE and show clear to the RSO—then step behind Ready Line. No one may touch firearms during Cease Fire.
- **Show Clear**—shooter shows RSO that chamber is empty and action open and puts gun on bench.
- **Range is clear. Go downrange and check targets**—Shooters may check or remove targets. All others must remain behind Ready Line.

6. **Emergency Procedures.**

- Call "Cease Fire" immediately and command "Unload" and "Show Clear" and rack all guns.
- RSO follows Emergency Response Checklist (Appendix F of SOP).
- RSO takes charge of the situation—determines seriousness of injury and assigns duties.
- RSO or designated person renders aid—gets 1st Aid kit.
- RSO assigns responsible person to call 911 by cell-phone. If injury involves a gun shot—sheriff or police must be notified.
- RSO assigns responsible to secure injured person's gear.
- RSO assigns range personnel or responsible person to be at gate to direct emergency personnel to range.
  
  RSO assigns responsible adult to complete Injury Report form (Appendix G)

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**APPENDIX C**

**RANGE SAFETY OFFICER QUALIFICATION PROCEDURE**

1. **Opportunities and Selection.** Organization members who are experienced shooters and desire to be Range Safety Officers (RSO) may notify the Chief Range Safety Officer (CRSO) or Range Manager. They in turn will
contact the executive committee. The committee will decide and make a conditional appointment which will be announced by the president.

2. **State Criminal Background Check.** The candidate must complete and submit a State criminal background check. Once the check is complete and approved, the training process begins.

3. **NRA Range Safety Officer Certification.** The candidate must complete and be certified as an NRA Range Safety Officer. This course can be done at a formal course or by self-study.

4. **Specific Range Qualification.** Concurrent with or following the NRA certification, the candidate must qualify on specific ranges. To be qualified to supervise each range, the candidate must be mentored by a qualified RSO for that range and rated by the CRSO. The training will consist of at least 10 hours including the following:
   - Range inspection and equipment maintenance (trap machine, targets, etc)
   - Open and close the range.
   - Familiarity with the range SOP.
   - Conduct Range Safety Briefing.
   - Serve as Assistant RSO 3 times
   - Serve twice as RSO (under supervision of CRSO or qualified RSO)

5. **Qualification.** Once the requirements in paragraph 4 are met, the CRSO provides conditional qualification for 3 months. If the candidate performs duties safely and professionally during that period, full qualification for that range is granted. To gain qualification for other ranges, the requirements at paragraph 4 must be accomplished for each type range.

6. **Revocation of privilege.** RSO qualification may be revoked by the organization executive committee on recommendation of the RSO for following reasons—failure to follow organization policies and procedures (to include range rules); negligence; conviction of a felony; performing duties under the influence of alcohol or drugs; malfeasance. Should the RSO resign by notifying the executive committee in writing.

**ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN**

**FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES**
This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the Guide to Safe Scouting are available for download from Scouting Safely at www.scouting.org/forms.

Se recomienda que la unidad use este formulario para obtener la aprobación y consentimiento para los Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers e invitados (si es que aplica) menores de 21 años que participen en un viaje, expedición o actividad del den, pack, equipo, tropa o grupo. Este formulario es obligatorio junto con los permisos de vuelo y deben adjuntarse a la solicitud de permiso de vuelo. Se recomienda que los padres de familia guarden una copia del formulario y se pongan en contacto con el líder de la excursión si es que tienen alguna pregunta o en caso de que se necesite un contacto de emergencia. Las copias adicionales de este formulario junto con la Guía para un Scouting seguro se encuentran disponibles para descargar desde Scouting Safely en www.scouting.org/forms.

<table>
<thead>
<tr>
<th>First name of participant</th>
<th>Middle Initial</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre del participante</td>
<td>Inicial del segundo nombre</td>
<td>Apellidos</td>
</tr>
</tbody>
</table>

Birth date (month/day/year) ______________ / ______________ / ______________  Age during activity ______________

Date  _______________________________________________________
Name ___________________________________________________________________  Phone ___________________________  Email ________________________________________________________________
Póngase en contacto con el líder adulto de la excursión si es que tiene preguntas:

______________________________________________________________________________________________________________________________________________________  ________________________

From ______________ to ______________    Without restrictions    Special considerations or restrictions:

__________________________________________________________________________________________________________________

__________________________________________________________________

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

ACUERDO DE INDEMNIZACIÓN Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. He considerado cuidadosamente el riesgo involucrado y doy mi consentimiento para mí mismo o mi hijo para participar en la actividad. Entiendo que la participación en la actividad es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. Libero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, partes relacionadas u otras organizaciones asociadas con la actividad de cualquiera y todas las demandas o responsabilidades que surjan de esta participación.

En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

Participant’s signature  Firma del participante

Parent/guardian printed name  Nombre con letra de molde del padre de familia/tutor

Parent/guardian signature  Firma del padre de familia/tutor

Date  Fecha

Area code and telephone number (best contact and emergency contact)  Código de área y número telefónico (primero contacto y contacto de emergencia)

Contact the adult tour leader with any questions:  Póngase en contacto con el líder adulto de la excursión si es que tiene preguntas:

Name  Apellido
Phone  Teléfono
Email  Correo electrónico

680-673  
2012 Printing
Purpose of this trip is _____________________________________________________________________________________________________

From (city and state) ________________________________________________ to __________________________________________________

Mileage round trip __________________ Dates ____________________________ to ____________________________  Total days ____________

Itinerary: It is required that the following information be provided for each day of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites, routes, and float plans, and include maps for wilderness travel as required by the local council.

<table>
<thead>
<tr>
<th>Date</th>
<th>Travel</th>
<th>Mileage</th>
<th>Overnight stopping place (Check if reservations are cleared.)</th>
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Type of trip:  Day trip  Short-term camp (less than 72 hours)  Other (OA Weekend, etc.)  Long-term camp (longer than 72 hours)  High-adventure activities

Leadership and Youth Protection Training: Boy Scouts of America policy requires at least two adult leaders on all BSA activities. Coed Venturing crews must have both male and female leaders older than 21 for overnight activities. All registered adults must have completed BSA Youth Protection training. At least one registered adult who has completed BSA Youth Protection training must be present at all events and activities. Youth Protection training is valid for two years from the date completed.

Adult leader responsible for this group (must be at least 21 years old):

Name ____________________________________ Age _______ Scouting position _________________ Expiration date ________________

Address __________________________________________________________________________________ Member No.  ________________

City __________________________________________________________ State _______________ Zip code ___________________________

Phone _______________________________ E-mail  __________________________________ Youth Protection training date ______________

Assistant adult leader name(s) (minimum age 18, or 21 for Venturing crews):

Name ____________________________________ Age _______ Scouting position _________________ Expiration date ________________

Address __________________________________________________________________________________ Member No.  ________________

City __________________________________________________________ State _______________ Zip code ___________________________

Phone _______________________________ E-mail  __________________________________ Youth Protection training date ______________

Committee chair or chartered organization representative  

Adult leader

We certify that appropriate planning has been conducted using the Sweet 16 of BSA Safety, qualified and trained supervision is in place, permissions are secured, health records have been reviewed, and adult leaders have read and are in possession of a current copy of Guide to Safe Scouting and other appropriate resources.
Tour involves: 
- Swimming
- Boating
- Climbing
- Orientation flights (attach Flying Plan required)
- Wilderness or backcountry (must carry Wilderness Use Policy and follow principles of Leave No Trace)
- Other (specify)

Activity Standards: Where swimming or boating is included in the program, Safe Swim Defense and/or Safety Afloat are to be followed. If climbing/rappelling is included, then Climb On Safely must be followed. At least one person must be current in CPR/AED from any recognized agency to meet Safety Afloat and Climb On Safely guidelines. At least one adult on a pack overnighter must have completed Basic Adult Leader Outdoor Orientation (BALOO). At least one adult must have completed Planning and Preparing for Hazardous Weather training for all tours and activities. Basic First Aid is recommended for all tours, and Wilderness First Aid is recommended for all backcountry tours.

<table>
<thead>
<tr>
<th>Expiration date of commitment card/training (two years from completion date)</th>
<th>Three-year validity</th>
</tr>
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<tbody>
<tr>
<td>Name</td>
<td>Age</td>
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Name | Age | CPR Certification/Agency | CPR Expiration Date | First-Aid Certification/Agency | First Aid Expiration Date |
| | | | | | |
| | | | | | |
| | | | | | |

Name | Age | NRA Instructor and/or RSO |
| | | |
| No. | | rifle | Shotgun | Pistol (Venturing only) | Range Safety Officer |
| | | Muzzle-loading rifle | Muzzle-loading shotgun |
| No. | | rifle | Shotgun | Pistol (Venturing only) | Range Safety Officer |
| | | Muzzle-loading rifle | Muzzle-loading shotgun |

Unauthorized and Restricted Activities: The BSA’s general liability policy provides coverage for bodily injury or property damage that is made and arises out of an official Scouting activity as defined by the Guide to Safe Scouting. Volunteers, units, chartered organizations, and local councils that engage in unauthorized activities are jeopardizing their insurance coverage. PLEASE DO NOT PUT YOURSELF AT RISK.

INSURANCE

All vehicles MUST be covered by a liability and property damage insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed and comply with or exceed the requirements of the country of destination for travel outside the United States. It is recommended, however, that coverage limits are at least $50,000/$100,000/$50,000 or $100,000 combined single limit. Any vehicle designed to carry 10 or more passengers is required to have limits of $100,000/$500,000/$100,000 or $500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.

<table>
<thead>
<tr>
<th>KIND, YEAR, AND MAKE OF VEHICLE</th>
<th>NUMBER OF PASSENGERS</th>
<th>OWNER'S NAME</th>
<th>VALID DRIVER’S LICENSE (Y or N)</th>
<th>LIABILITY INSURANCE COVERAGE</th>
</tr>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>Each Person</td>
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All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country. Attach an additional page if more space is required.

If the vehicle to be used is designed to carry more than 15 people (including the driver), the driver must have a valid commercial driver’s license (CDL). In some states (California, for example), this policy applies to drivers of vehicles designed to carry 10 or more people.

Name ___________________________________________________________ CDL expires ___________________________________________

Name ___________________________________________________________ CDL expires ___________________________________________
The local council may allow a list of the above information to be attached to or transmitted with the tour plan in order to expedite the process. Each unit may circle the names of the drivers for an event or an activity.

### TOUR PLAN

- Pack
- Troop/team
- Crew
- Contingent unit/crew

Chartered organization ____________________________

Council name/No. ________________________________

Plan covers all travel between __________________ and __________________.

Dates of trip from ________________________ to ________________________.

Total youth ___________ Total adults ______________

**Itinerary:** It is required that the following information be provided for each day of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites, routes, and float plans, and include maps for wilderness travel as required by the local council.

<table>
<thead>
<tr>
<th>Date</th>
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</table>

Adult leader responsible for this group:

Name __________________________ Age ______ Scouting position __________ Expiration date __________

Address __________________________________________________________________________________

City __________________________ State ________ Zip code _______________________

Phone __________________________ E-mail __________________________ Youth

Protection training date ___________

Assistant adult leader:

Name __________________________ Age ______ Scouting position __________ Expiration date __________

Address __________________________________________________________________________________

City __________________________ State ________ Zip code _______________________

Member No. ________________
TRANSPORTATION GUIDELINES

1. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.

2. If by motor vehicle:
   
a. Driver Qualifications: All drivers must have a valid driver’s license and be at least 18 years of age. Youth Member Exception: When traveling to an area, regional, or national Boy Scout activity or any Venturing event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months’ driving experience as a licensed driver (time on a learner’s permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted to leader, driver, and riders.

b. If the vehicle to be used is designed to carry more than 15 people (including driver) the driver must have a commercial driver’s license (CDL). In some states (for example, California), this guideline applies to 10 or more people.

OUR PLEDGE OF PERFORMANCE

following conditions: (1) Six months’ driving experience as a licensed driver (time on a learner’s permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted to leader, driver, and riders.

b. If the vehicle to be used is designed to carry more than 15 people (including driver) the driver must have a commercial driver’s license (CDL). In some states (for example, California), this guideline applies to 10 or more people.

The tour plan is an important tool for conducting local, national, or international activities and is a checklist for best practices to be prepared for safe and fun adventure. Completing the tour plan may not address all possible challenges but can help to ensure that appropriate planning has been conducted, that qualified and trained leadership is in place, and that the right equipment is available for the adventure. In addition, the plan helps to organize safe and appropriate transportation to and from an event, and defines driver qualifications and minimum limits of insurance coverage for drivers and vehicles used to transport participants. Times when a tour plan must be submitted for council review include:

- sponsored event
- Aquatics activities (swimming, boating, floating, scuba, etc.)
- Climbing and rappelling
- Orientation flights (process flying plan)
- Shooting sports

Any activities involving motorized vehicles as part of the program (snowmobiles, boating, etc.)

Please complete and submit this plan at least 21 days in advance to ensure your council has enough time to review the plan and assist you in updating the plan if it is found defective. When review is complete, the second half of the plan is returned to you to carry on your travels.
1. We will submit changes to notify the local council in the event our itinerary changes.

2. We will plan our activities by and adhere to the policies contained in the *Guide to Safe Scouting* and the *Sweet 16 of BSA Safety*.

3. We will use the *Safe Swim Defense* in any swimming activity, *Safety Afloat* in all craft activity on the water, and *Climb On Safely* for climbing activity.

4. We agree to enforce reasonable travel speed (in accordance with national, state, and local laws) and use only vehicles that are in safe mechanical condition.

5. We will apply for a fire permit from local authorities in all areas where it is required.

6. We will be certain that fires are attended at all times.

7. We will at all times be a credit to the Boy Scouts of America and will not tolerate rowdyism or un-Scoutlike conduct, keeping a constant check on all members of our group.

8. We will maintain high standards of personal cleanliness and orderliness and will operate a clean and sanitary camp, leaving it in a better condition than we found it.

9. We will not litter or bury any trash, garbage, or tin cans. All rubbish that cannot be burned will be placed in a tote-litter bag and taken to the nearest recognized trash disposal or all the way home, if necessary.

10. We will not deface natural or man-made objects.

11. We will respect the property of others and will not trespass.

12. We will not cut standing trees or shrubs without specific permission from the land owner or manager.

13. We will, in case of backcountry expedition, read and abide by the *Wilderness Use Policy* of the BSA.

14. We will notify, in case of emergency, our local council Scout executive, our parents, and our single point of contact.

15. If more than one vehicle is used to transport our group, we will establish rendezvous points at the start of each day and not attempt to have drivers closely follow the group vehicle in front of them.
APPENDIX F
EMERGENCY RESPONSE CHECKLIST

Effective date _____________

EMERGENCY COMMUNICATIONS

<table>
<thead>
<tr>
<th>Contact</th>
<th>Pri Phone Number</th>
<th>Secondary Phone Number</th>
<th>Pri Freq</th>
<th>Sec Freq</th>
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<tr>
<td>EMS</td>
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<td>Police</td>
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IMMEDIATE RESPONSE FOR INJURIES OR ILLNESS

___ Call "Cease Fire" if the injured is near the firing line or downrange.
___ Ensure that all guns are unloaded and clear.
___ Designate person to coordinate edging or pulling of targets, if possible, and securing the scene & injured person's gear.
___ Designate person to notify EMS from nearest phone/radio located at __________________ and provide following info:

1. Specific location or address of incident with directions.
   Location __________________________________________
   Address __________________________________________
   Directions _______________________________________

2. Telephone number you are calling from __________________

3. Your Name _________________________________________

4. What happened and possible hazards for rescuers __________________

5. Number of people ill or injured _______________________

6. Condition of ill or injured ___________________________
7. 1st Aid provided ____________________________________________
_________________________________________________________

Wait for EMS to hang up first. Return to the injured and continue care until EMS arrives.

If Injury or illness occurs--complete Injury Report Form at Appendix G.
APPENDIX G
INJURY REPORT FORM

Name __________________________________ Date of Injury __________________
Address ________________________________ Time of Injury __________________
                                                                                   
Tel number (day): ________________________ Tel number (night) _______________

1. Describe nature and extent of injury (specify body parts) _______________________
                                                                                   
2. Describe how injury occurred: ____________________________________________
                                                                                   
3. Describe how 1st Aid given ______________________________________________
                                                                                   
4. 1st Aid was provided by (give names, phone) ________________________________
                                                                                   
5. Disposition (medical facility, phone, time of transport) _________________________
                                                                                   
6. Notification of next of kin (time, person contacted and method) _________________
                                                                                   
7. Location of incident and conditions of area _________________________________
                                                                                   
8. Protective equipment worn ______________________________________________
                                                                                   
9. Describe steps take to preserve scene (photos, equipment, guards, etc) __________
10. Witness statements: Interview witness separately and attach statements shown at Tab A to this appendix.
   A. Witness name ______________________________
   Address _________________________________________________________
   Phone (day) __________________  Phone (night ) _______________________

   B. Witness name ______________________________
   Address _________________________________________________________
   Phone (day) _____________________   Phone (night)_____________________

   If more witnesses--add additional papers.

11. Complete Emergency Report form at Appendix F.

12. Notes and comments __________________________________________________

   ___________________________________________________________________

   ___________________________________________________________________

13. Injury Report completed by:
   Name ______________________________ Title __________________
   Phone ___________________________ e-mail _______________________
   Signature __________________________

14. Disposition and Follow-up _____________________________________________

   ___________________________________________________________________

   ___________________________________________________________________

   Name ______________________________ Title __________________
   Date ______________________________
   Signature __________________________
CROSSROADS OF THE WEST
SHOOTING SPORTS POLICY

TAB A TO APPENDIX G
WITNESS STATEMENT

Name of person making statement _________________________________
Address:

Phone: e-mail:

Signature ____________________________________________________

Statement: