

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER FOR PARTICIPATION-Shooting Sports and Archery Equipment

PARTICIPANT'S FULL NAME: _____
DATE OF BIRTH (MO/DAY/YR): _____
ADDRESS: _____
SPONSOR OF ACTIVITY: The Ohio State University, Ohio 4-H _____ **(insert county)**
LOCATION: _____
DATE(S): _____ **(Insert Year)**

DESCRIPTION: 4-H participants in Shooting Sports and Archery Equipment activities will use a variety of firearms including, but not limited to, pistols, rifles, shotguns, muzzleloaders, archery equipment (bows, crossbows, etc.), and hunting and trapping equipment, under the strict instruction and observation of shooting sports certified 4-H volunteers. 4-H participants will learn about topics such as firearms history, proper care, storage and safety measures for responsible use and safe discharge of firearms. 4-H participants will also observe instructors demonstrate these topics and the use of firearms.

My child, _____ will be a participant in the Ohio 4-H Shooting Sports and or Archery Equipment activity and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that participation in this program is strictly voluntary and is not a requirement for 4-H membership. I understand that my child must also follow the Ohio 4-H Code of Conduct; consequences for Code of Conduct violations may result in my child being sent home at the sole discretion of OSU Extension at my expense.

I understand that my child is not required to participate in this program but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, illness, paralysis and/or death. I also understand that 4-H participants are required to follow all safety and security measures while handling or using firearms, which includes, but is not limited to following all written and verbal instruction by 4-H volunteers. 4-H volunteers retain the right to remove a 4-H participant temporarily or permanently from these activities for failing to follow the instruction of a 4-H volunteer or if the 4-H participant puts the health and safety of other 4-H participants or volunteers at risk. I understand that the determination of the 4-H shooting sports volunteer instructor must be immediately followed, or my child will be removed.

I understand and accept such risks, and release, Ohio 4-H, The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives or otherwise. I further agree to hold harmless, Ohio 4-H, The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSU Extension, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

Parent/Legal Guardian Responsibility: Restricted activities and/or special notification instructions:

 Authorizing Signature of Parent/Legal Guardian
 if Participant is under 18 years of age

 Date

 Print Parent/Legal Guardian Name

 Print Youth/Youth Participant Name



Depending on the activity, additional forms may also be needed to completed, such as the Ohio 4-H Code of Conduct (if not already enrolled in the 4HOnline system), Photo Release, and any necessary Transportation forms.