

Shooting Sports Program Waiver

I, the parent (or legal guardian) grant permission for participation in a Shooting Sports program; and approve of the use of firearms, live ammunition, and/or archery equipment while participating under the supervision of a certified shooting sports leader. I understand that the shooting sports are potentially hazardous activities and certain risks are involved with this activity. These potential hazards include gun shot or archery wounds and can result in paralysis, loss of vision, limb, or life. I agree that participation in this activity is entirely voluntary and agree that I will not hold the program leaders, [County Extension Council], [State 4-H staff], [local extension staff], [MU Extension],[_____] or the Curators of the University of Missouri liable for any accidents.

I also understand that safety procedures and practice will be strictly adhered to and that our child (ward) may be immediately expelled, without recourse, from the program as a result of horseplay, inattentiveness, inappropriate conduct, violation of safety rules, or failure to follow the range officer's directions.

[4-H County]: _____

Youth First Name: _____

Youth Middle Name/Initial: _____

Youth Last Name: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date _____

If a parent/guardian changes their mind, deciding to allow youth participation in shooting sports during the program year (after enrollment), a copy of this authorization form must be provided to:

(provide an address to send this form)