

Ohio Shooting Sports – Parent/Guardian Permission Statement and Liability Release

I hereby give permission for my child to participate in the activities of the Ohio 4-H Shooting Sports program. It is my understanding that strict rules of conduct are required, and safety habits are a must. Any member considered in violation at any time will be dispelled. The Club will attempt to install all safety requirements in all participants but cannot assume responsibility for any individual who does not comply.

I further agree not to hold the volunteers and staff, the Ohio State University Extension Service, and the 4-H Club liable for any injuries sustained by my child during any of the activities.

We, the parent(s) / guardian(s) approve of our child's use of firearms, archery and ammunition in the 4-H Shooting Sports program. We agree not to hold the volunteers and staff, the Ohio State University Extension Service, liable for any damage or accidents. We realize that our child will be expelled from the program if he/she fails to follow instructions and safety guidelines.

By signing below, I affirm that I have read and understand the above statement.

Youth Member Name (Print) _____

Youth Member Name (Signature) _____

Parent/Guardian Name (Print) _____

Parent/Guardian Name (Signature) _____

Date _____

