PARENT / GUARDIAN PERMISSION STATEMENT

I hereby give permission for ______________________________________________ to participate in the activities of the YOUR CLUB NAME HERE. 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 YOUR CLUB NAME HERE 4-H Club liable for any injuries sustained by my child during any of the YOUR CLUB NAME HERE activities.

Signed: ________________________________ Relationship: _____________________

Date: _______________________

PARENT / GUARDIAN LIABILITY RELEASE

We, the parent(s) / guardian(s) of ____________________________________ approve of his/her 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.

Signed: ________________________________ Relationship: _____________________

Date: _______________________
