

# GALLATIN COUNTY 4-H SHOOTING SPORTS PROGRAM

## INFORMED CONSENT

I, \_\_\_\_\_, am parent / legal guardian of and  
(parent or guardian name)  
responsible for \_\_\_\_\_ who is enrolled in the Shooting Sports  
(4-H members name)  
Program of Gallatin County, Montana. I am aware, understand and accept the program  
and its continuing curriculum.

My child is enrolled in the following Discipline of the 4-H Shooting Sports Program.

- ( ) Pistol (BB, Pellet, or .22 cal smallbore)
- ( ) Black Powder (.32, .36, .44, .45 & .50 cal)
- ( ) Western Heritage
- ( ) Hunting
- ( ) Rifle (BB, Pellet .22 cal smallbore, or .223)
- ( ) Shotgun (.410,, 28, 20, 16 & 12 gauge)
- ( ) Archery ( Curve, Recurve & Compound, 3D)

As an enrollee in this discipline, I am aware of the sporting equipment involved, circumstances of its use and consequences of its misuse. I am aware of the fact; that, there is a potential physical danger to my child if precautions, safety and training are not provided and followed. With respect to this potential danger; those volunteers that are coaching and providing the instructional training will deem it necessary to instruct and discipline from time to time for the best interests of all involved. The foremost concern is safety with skill attainment and enjoyment second.

I am also aware and understand that my child from time to time will be touched, moved and held in a manner to assist positioning, balance, comfort and provide continuity in curriculum training for the discipline being taught.

I am also aware that even though my child enrolls in the 4-H Group Accident Policy this may not be adequate insurance coverage. I understand I may provide added coverage for accident and liability at my own expense.

I therefore am aware of the program, instruction and training being taught, requirements of the shooting discipline, the risks involved and potential dangers if safety is not followed.

\_\_\_\_\_  
Signature Parent / Legal Guardian

\_\_\_\_\_  
Signature 4-H Shooting Sports Enrollee

\_\_\_\_\_  
4-H Club Leader

\_\_\_\_\_  
Signature Instructor / or / County Extension Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

(Must be completed, signed and returned to the local Gallatin County Extension Office before youth will be allowed to participate in 4-H Shooting Sports Program/Event)