GALLATIN COUNTY 4-H SHOOTING SPORTS PROGRAM INFORMED CONSENT

l,	, am parent / legal guardian of and
(parent or guardian name)	
responsible for	who is enrolled in the Shooting Sports
(4-H members name)	
<u> </u>	na. 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) () Black Powder (.32, .36, .44, .45 or .45 or	gauge)
() Archery (Curve, Recurve & Co	ompound, 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.	
	nt my child from time to time will be touched, moved and held in a ce, comfort and provide continuity in curriculum training for the
	y child enrolls in the 4-H Group Accident Policy this may not be derstand I may provide added coverage for accident and liability at
	n, instruction and training being taught, requirements of the red 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)