



OHIO 4-H SHOOTING SPORTS
PARENT / GUARDIAN PERMISSION STATEMENT



I hereby give permission for _____

to participate in the activities of the Wood County 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 expelled. The Club will attempt to instill 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 Wood County Shooting Sports Club liable for any injuries sustained by my child during any of the Wood County Shooting Sports Club activities.

Signed: _____ Relationship: _____

Date: _____



OHIO 4-H SHOOTING SPORTS
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: _____

PLEASE FILL OUT AND SIGN BOTH PARTS OF THIS FORM