

**OZAUKEE COUNTY 4-H SHOOTING SPORTS  
WAIVER AND RELEASE FORM**

Supervision of this program is under the direction of the UW Extension Service. All participants are responsible for their conduct to UW Extension personnel, to 4-H leaders and to other persons supervising this program. ***I, the undersigned parent or guardian of the participant named below, recognize the dangers present in the archery/shotgun/.22/Air Rifle shooting sports activity.***

I believe the Ozaukee County 4-H archery/shotgun/.22/Air Rifle course leaders and their assistants are dependable and reliable, and they will provide as safe an experience as reasonably possible. I understand that during the course of shooting sports training, it may be necessary to position my child to demonstrate proper stance and techniques and therefore consent to contact by leaders and their assistants reasonably necessary for such training, including contact reasonable necessary for the safety of the participant, other participants, the leaders and their assistants.

I hereby grant permission for my child or ward to participate in the Ozaukee County 4-H archery/shotgun/.22/Air Rifle shooting sports program ***and knowingly and freely accept and assume all the risks associated with the use of firearms, including risks of serious bodily injury***, as well as damage or loss of personal property. I understand that as the parent or guardian of the participant named below that I will be held financially responsible for any expenses above and beyond what insurance available to Ozaukee County 4-H will pay. I assume all responsibility and risks involved in the participant using equipment supplied through the program, any leaders, their assistants or other participants.

I authorize the use of photographs or other video depictions of my child or ward, my family and myself while attending or participating in the shooting sports program for educational, media or any other lawful purpose. I grant the UW Board of Regents and the UW Extension the right to use, publish and copyright any such images for educational, promotional or any other lawful purpose, including uses that permit access by others via the internet.

I have read and reviewed the safety rules, range etiquette, code of conduct and behavioral guidelines applicable to participation in 4-H in general and to the shooting sports program specifically, with my child or ward, and have afforded ourselves of the opportunity to ask any questions or discuss the material and program further with the leaders. *As such, my child or ward and I fully understand the code of conduct, the behavior guidelines, the safety rules, range etiquette and other information.*

This is to certify that as *parent or guardian, I do hereby consent on behalf of myself and my child or ward to releasing and holding harmless from any and all liability the leaders of this program, their assistants, Ozaukee County 4-H and its employees and agents, UW Extension and its employees and agents, the Saukville Gun Club, Ozaukee County and its employees and agents and any other volunteers involving in the training or supervision of participants of the program. This includes but is not limited to releasing and holding harmless from any liability all of the leaders, theirs assistants, Ozaukee County 4-H, UW Extension, Saukville Gun Club, Ozaukee County or other participants for the negligent handling, inspecting or discharging of firearms or supervising the discharging of firearms by participants, including my child or ward.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

