



Montana State University Extension 4-H
Permission, Release, and Assumption of Risk
for participation in 4-H Shooting Sports Program

Please return this form to the Extension Office by _____. This form must be on file for you to participate in any Shooting Sports Programs.

(Please Print or Type)

MT County: Chouteau County

Date of Program: October 1, 20__ to September 30, 20__

Project(s) Description: _____

Participant's Name: _____ Date of Birth: _____

FOR PARTICIPANT

I hereby request and apply to participate in the above listed Montana State University Extension Service 4-H Shooting Sports Program. I agree that I will abide by all Extension Service 4-H rules and regulations. I further agree that I will abide by all the directions and requirements, which are specified in the project manual and/or specified by the course leader(s)

FOR PARENT(S) AND LEGAL GUARDIAN(S)

As parent(s) and legal guardian(s) of the above named child, I/we agree to have my/our child abide by the directions and requirements specified in the project manual provided for the above-described Montana State University Extension 4-H Shooting Sports Program. We understand the program and activities, which are involved and consent to have my/our child participate in this program. I/we are fully aware that this can be a dangerous activity and there are many risks of injury inherent with the handling of firearms and participating in the 4-H Shooting Sports Program. I/we also recognize and understand that some travel may be required and are aware of the risks associated with that activity.

I/we understand and agree that Montana State University and MSU Extension 4-H does not provide accident/medical insurance covering my/our child while participating in 4-H Shooting Sports programs. I/we hereby assume all responsibility for any injury or illness my/our child might sustain while participating in this program.

In consideration of my/our child's being permitted to participate in the 4-H Shooting Sports program. I/we hereby assume all the risks associated with participation and necessary travel. I/we agree to hold the State of Montana, Montana State University Extension 4-H, its trustees, officers, employees, agents, representatives, volunteers and/or any property or area owner allowing Extension Service 4-H Shooting Sports Project activities upon his/her property harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my/our child's participation in the MSU Extension 4-H Shooting Sports program. The terms hereof shall serve as a release and assumption of risk for myself/ourselves, my/our estate, executor(s), administrator(s), assignees, and for all members of my/our family.

I/we hereby attest that I/We have carefully read the foregoing release, consent, and assumption of risk and sign this release, consent and assumption of risk of my/our own free will and accord. I/We also certify that I/we are lawfully empowered to enter into this release, consent and assumption of risk.

Name of Parent/Legal Guardian : _____ (Please Print)

Signature: _____ Date: _____

Name of Parent/Legal Guardian : _____ (Please Print)

Signature: _____ Date: _____