

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES.

Permission to Participate in the Kit Carson County 4-H Shooting Sports Program

Valid from January 1 to December 31, _____

I hereby give permission for _____ to participate in organized and sanctioned Kit Carson County 4-H Shooting Sports classes and competitions offered by the Colorado 4-H Youth Development Program as administered by local Colorado State University Cooperative Extension Staff. It is my understanding that my child will learn, understand and follow established guidelines for safely handling firearms, bows and ammunition, arrows. We understand that certified shooting sports leaders will offer trainings, and it is our responsibility to learn when those trainings will be offered and attend scheduled practices and shoots. We also agree to follow the Colorado State 4-H Code of conduct.

Release From Responsibility, Assumption of Risk, and Waiver

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

LOCATION OF ACTIVITY (IES): Kit Carson County designated locations and other sanctioned locations

DATE(S) OF ACTIVITY (IES): START DATE: _____ **END DATE:** _____

DESCRIPTION OF ACTIVITIES: Kit Carson County 4-H Shooting Sports classes and sanctioned 4-H Shooting events

I, the undersigned parent or guardian of the above named participant, hereby release and discharge, indemnify and hold harmless the The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my child's participation in and/or presence at the above listed activities.

I acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my child's participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against the State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my child's participation in normal or unusual acts associated with the above-named activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

READ, UNDERSTOOD AND AGREED TO THIS _____ DAY OF _____, 20 _____.

I, (printed name) _____, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk, and Waiver.

Signature of Parent or Legal Guardian (date)

Witness over 18 years of age (Parent or Guardian must sign in the presence of the Witness)