FULTON COUNTY, 4-H CAMP PALMER
SHOOTING SPORTS PROGRAM

LIABILITY RELEASE FORM: DUE BEFORE CAMP BEGINS

I understand that my child/charge, _____, will be participating in the 4-H Shooting Sports Program at 4-H Camp Palmer. Related activities while participating in the Shooting Sports Program may include, but is not limited to firearms safety and shooting firearms. Involvement in this activity may lead to contact with individuals who have experience in shooting sports and individuals who are inexperienced with shooting sports activities. I also understand that participation in this activity is strictly voluntary and is not a requirement for 4-H membership.

_____Rifle _____Shotgun (check which one you wish to participate in)

I am aware and have discussed with my child/charge that:

1. All participants will be required to follow instructions of certified shooting sports instructors and other adult and teen counselors while at camp;
2. Participants are not to bring firearms, archery equipment, and ammunition as they will all be provided;
3. Other participants may act in negligent manner which otherwise may result in harm to my child;
4. Hiking may give rise to risk of injury arising from the surface or subsurface of the ground on which the hiking occurs;
5. Participation in sporting/recreational events may give rise to injury as a result of collisions with another individual or sudden falls;
6. Handling and discharging firearms or archery equipment may lead to injury, death, or loss to participants.

I recognize that the above outlined activities and potential resulting risks may cause injury, death, or loss to participants or other persons in the immediate vicinity.

I have discussed with my child/charge the importance of following directions and safety procedures, which will be outlined by 4-H volunteers prior to activities.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite possible risks. I recognize that by participating in this activity, as with any physical activity, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____	_____
Participant Name	Participant Signature Date
_____	_____
Parent/Guardian Name	Parent/Guardian Signature Date