Iowa 4-H Shooting Sports Parental Permission/Waiver of Liability

I, the parent (legal guardian) of ________________________________, grant permission for their participation in the 4-H Safety and Education in Shooting Sports (SESS) Program; and approve of the use of firearms, live ammunition, and/or archery equipment while participating under the supervision of a certified 4-H SESS leader. I understand that shooting sports are potentially hazardous activities, and certain risks are involved with these activities. These potential hazards include gunshot or archery wounds and can result in paralysis, loss of vision, limb, or life. I agree that participation in this activity is entirely voluntary.

I understand that safety procedures and practice will be strictly adhered to and that the named youth may be immediately expelled, without recourse, from the program as a result of horseplay, inattentiveness, inappropriate conduct, violation of safety rules, or failure to follow the range officer’s directions.

I, ____________________________ (participant or parent or guardian if participant is under age 18), give my permission for the above-named individuals to participate in the Iowa 4-H SESS Program. I hereby RELEASE FROM LIABILITY, IMDEMNIFY, and HOLD HARMLESS the State of Iowa, Board of Regents of the State of Iowa, Iowa State University, ISU Extension and Outreach, and local County Agricultural Extension District, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, costs or other expenses or liabilities incurred by me and anyone accompanying me (including minors I am responsible for during this event) that occurs as a result of my or my child’s voluntary participation in this program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Signature of Parent or Guardian
(if Participant is under age 18)

Date

This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to www.extension.iastate.edu/diversity/ext.