

Dodge County 4-H Shooting Sports Waiver 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 participant named below** recognize the dangers present in the Shooting Sports disciplines such as **archery, air rifle/.22 rifle, or shotgun** and their activities. **(Circle disciplines that apply)** I believe the Dodge County Shooting Sports Leaders and their assistants are dependable and reliable and will provide safe experiences. I understand that during the course of shooting sports trainings, it may be necessary to position my child to demonstrate such topics as proper stance or correct shooting positions.

I hereby grant permission for my child to participate in the Shooting Sports Program. I knowingly and freely assume all such risks, for example: bodily injury as well as loss of or damage to property. I understand as the parent/guardian signing this form that I will be held financially responsible for any expenses above and beyond what the 4-H insurance will pay. I assure all risks involved while using equipment supplied in this program. Participants are responsible for their own equipment.

I authorize the use of photographs or videos of my child, my family, and myself while attending or participating in the shooting sports programs for educational or media purposes. **I grant** the UW Board of Regents and UWEX (hereinafter University) the right to use, publish, and copyright my image (including audio, moving image, or photograph) for educational programs, websites, and promotion of University programs.

I have read and reviewed the safety rules, range etiquette, behavior guidelines, and shooting sports code of conduct with my child and with the 4-H Leaders. My child and I fully understand the code, guidelines and discipline specific rules for archery, air rifle/.22 rifle, and shotgun. (applicable as noted above.)

This is to certify as parent/guardian of this participant, I do consent to his/her release of the 4-H volunteers, other participants, UW-Extension, UW-Extension staff/employees, University of Wisconsin, donors, and the organization providing and/or sponsoring the range/meeting facilities and/or the organizations' volunteers and equipment from any and all liabilities to his/her involvement in the 4-H Shooting Sports Program.

parent/guardian signature

date

participant's signature

age

Dodge County 4-H Shooting Sports Code of Conduct

As a participant you have the responsibility of representing the Dodge County 4-H Program to the Public so you are expected to conduct yourself in a manner that will bring honor to you and your family as well as to 4-H.

To do that you will need to:

1. Attend all sessions in the planned program or notify a leader if you are unable to attend.
2. Follow safety rules, range and etiquette rules. Follow hours, room rules. You are responsible to know the rules.
3. Use good judgment in selecting clothing appropriate to the occasion and weather.
4. Use language and manners that will bring respect to you and Dodge County 4-H.
5. Be in the assigned program area at all times. Horseplay or similar socializing inside/outside of the buildings is prohibited.
6. Follow the county's 4-H driving policy in regard to events and activities.
7. Know that the use of alcohol, tobacco, and non-prescribed drugs is illegal and prohibited at all events. Inform adult leader of use of prescription medication.
8. Show courtesy and respect for all other people. Demonstrate good sportsmanship.
9. Treat program areas, lodging area and vehicles with respect and care. You will be responsible for any damage, theft, or misconduct in which you participate.
10. Help other members in your group have a pleasant experience by making every attempt to include all participants in activities.
11. Live up to your highest expectations for yourself so you can return home proud of whom you are and what you have done.
12. Abide by the Dodge County 4-H Behavior Guidelines.

Those who find themselves unable to conduct themselves within the guidelines listed above may expect:

1. To explain their actions to the adults in charge.
2. To accept consequences of their actions.
3. To have adults in charge work closely with parents/guardians, Extension personnel and others to see those actions taken, in case of unacceptable behavior, are appropriate and logical consequences for all concerned.
4. May be required to appear before the 4-H Leader's Executive Board as per behavior guidelines.

I have read and understand the Dodge County Shooting Sports Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges related to the 4-H Shooting Sports Program now and/or in the future.

Members Signature _____

Date _____

As the parent/guardian of my daughter/son, I have read and reviewed the Dodge County Shooting Sports Code of Conduct with my child and will support the adults in charge in the performance of their responsibilities to see that appropriate behavior is maintained.

Parent/Guardian Signature _____

Date _____

Dodge County 4-H Shooting Sports Consent of Parents Medical Care and Treatment Form

This form must be completed for each participant each year when enrolled in the 4-H Shooting Sports Program.

This information will be kept confidential and used only for the welfare of the participant.

Date _____ please Circle: Male Female Birth Date _____ Age _____

Youth Name _____

Address _____
Last First
Number and Street City State Zip

In case of emergency contact:

Parent/Guardian name _____ Phone (____) _____

Work Phone (____) _____

Other ways to contact, cell phone (____) _____

Contact person if parent not available _____ Phone (____) _____

Relationship to child _____

Physician's Name/Clinic _____ Phone (____) _____

Health Insurance Company _____ Policy # _____

Requests for reasonable accommodations for disabilities or limitations should be made prior to participation in the shooting sports project. These project members may not be participating in the same way as other youth members.

-----4-H Health Statement-----

Health History (check all that apply; giving appropriate dates where needed)

Bronchitis _____	Convulsions/seizures _____
Fainting _____	Kidney trouble _____
Diabetes _____	Heart Condition _____
Recent Operations or Injuries _____	Ear Infection _____
Asthma (controlled yes, no) _____	Behavior Problems _____

Participant is allergic to:

- * Foods (specify) _____ Tape? _____ Rubber Gloves? _____ Latex? _____
- * Medication: prescription or non-prescription drugs: Penicillin? _____ Aspirin? _____
- * Tetanus? _____ Other? _____
- * Serious Ivy, Oak or Sumac Poisoning _____ Bee or Insect stings _____
- * Explain allergic reaction to allergies listed above _____
Prescribed Treatment _____

Present dietary regulations _____

Present Medications _____

Any specific activities to be restricted? _____

***IMMUNIZATIONS: **Tetanus: Date of last treatment _____ (must be completed)

Parent/Guardian Medical Release

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted in writing by me and the physician. In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to hospitalize and/or secure proper treatment for my child as named above. I, as the parent or legal guardian, give my consent. I assume complete responsibility for incomplete, incorrect, or lack of information on this form. I do not hold the 4-H volunteers, UW-Extension Staff/Employees, University of Wisconsin, donors, other participants or the organization providing and/or sponsoring range/meeting facilities responsible for accidents arising out of this program. I understand that as the parent/guardian signing this form that I will be held financially responsible for any expenses above and beyond what the 4-H insurance will pay. I will notify in writing the volunteer/adult leader in charge if there is any changes in my child's health condition and/or medications.

Parent/Guardian Signature _____

Date _____