

Arizona 4-H Shooting Sports Education Parent/Legal Guardian Acknowledgement and Permission

Effective October 1st, 2008 through September 30th, 2009 (the "4-H Year").

4-H Member's Name: _____

4-H Shooting Sports Education entails the use of firearms, non-firearms, and their associated ammunition and equipment. Firearms may include rifles, handguns and shotguns firing centerfire, rimfire, or muzzleloading ammunition. Non-firearms may include air guns, bow and arrow, knives, and tomahawks. The use of firearms and non-firearms will entail the handling and use of ammunition containing lead.

As the parent or legal guardian of the above named 4-H member:

I am aware of and accept the risks inherent in the activity that my child/ward is engaging in as a participant in the 4-H Shooting Sports Education project.

In case of emergency, I understand every reasonable effort will be made to contact me before transporting my child to an emergency facility or the rendering of treatment. In the event I cannot be promptly reached, I hereby authorize the 4-H adult leader in charge to seek emergency treatment on my and my child's behalf, including calling 911 if, in the adult leader's opinion, medical treatment is necessary to safeguard my child's health. I hereby give my permission, to any physician of an appropriately licensed medical and/or emergency room staff, selected by the adult leader in charge, to provide proper treatment. This may include but is not limited to x-ray examination, anesthesia, injections of medication, or hospitalization for my child. I understand this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. Furthermore, I acknowledge and agree that I am authorizing such physician to provide emergency hospitalization, medical attention or surgery as necessary. I understand that although unlikely, it is possible for children to hurt themselves or get hurt while participating in 4-H Shooting Sports Education.

By signing this form I consent to emergency treatment for my child and agree to be financially responsible for any and all treatment rendered.

I acknowledge and agree that nothing in the foregoing statement or authorization to release information shall be construed as creating any obligation or duty on the part of UA to obtain medical care on my child's behalf.

I the undersigned parent or legal guardian of the above named 4-H member grant permission for his/her full participation in the 4-H Shooting Sports Education program.

This authorization shall remain in effect until the end of this 4-H year unless otherwise revoked by me in writing.

Parent or legal guardian name (please print) _____

Relationship to 4-H member: _____

Home Telephone _____ - _____ Work Phone _____ - _____ Cell Phone _____ - _____

Pager _____ - _____ Street address _____ City _____ State _____

Zip code _____ - _____ E-mail address _____

Signature of parent or legally authorized guardian

Date