

# Sandusky County 4-H Shooting Sports PERMISSION TO PARTICIPATE & HEALTH FORM

**Please mark projects you are taking:**

<input type="checkbox"/> Archery	<input type="checkbox"/> Pistol
<input type="checkbox"/> Hunting/Wildlife	<input type="checkbox"/> Rifle
<input type="checkbox"/> Living History	<input type="checkbox"/> Shotgun
<input type="checkbox"/> Muzzle loading	

This form must be completed for each participant by the parents/guardians.

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

## GENERAL PARTICIPANT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Please Mark:  Male  Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Main contact phone number: (will be used in case of cancellations, rescheduling, etc) \_\_\_\_\_

Please Mark:  Home Phone  Parent's Cell Phone  Member's Cell Phone Is texting on this phone ok?  Yes  No

## EMERGENCY CONTACT INFORMATION

Parent Name _____	Alternate Person _____
Phone _____	Phone _____
Mobile Phone _____	Mobile Phone _____
Other Phone _____	Other Phone _____

**MEDICAL AND ALLERGIC CONDITIONS:** List any conditions which you would like volunteers to be aware of, for the safety of your child. Include chronic health conditions and allergies, including bee sting allergies, food allergies, etc.

Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Specify any restrictions in activities: \_\_\_\_\_

## PERMISSION & LIABILITY RELEASE

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, firearm and/or archery equipment use, and interaction with unfamiliar surroundings, 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.

I agree to and do hereby, waive any and all claims against, and agree to fully release and hold harmless, the participating organizations, including Ohio State University, Sandusky County 4-H, and the Sandusky County Sportsman Club, and these organizations' officers, employees, agents and volunteers from any and all claims related to any illness, injury, and/or property damage which may arise from my child/ward's participation.

## MEDICAL RELEASE

I understand that in the case of serious illness or injury, I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for the participant listed. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent/Guardian Name \_\_\_\_\_ (Print Please)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_