

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, shotgun, .22 rifle, muzzleloading, or wildlife ecology/hunting and their activities. I believe the Calumet 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 understand that 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. 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 assume 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 UW-EX (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 of conduct, guidelines and discipline specific rules for archery, air rifle, shotgun, .22 rifle, muzzleloading, and wildlife ecology/hunting. 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-EX 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
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Calumet County 4-H Shooting Sports Code of Conduct

As a participant you have the responsibility of representing the Calumet Co. 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 Calumet Co. 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 areas 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 who you are and what you've done.
12. Abide by the Calumet 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 Calumet 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 Calumet Co. 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 _____

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in recreational activities at the University of Wisconsin – Extension.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT ELLEN ANDREWS, AT TELEPHONE NUMBER 920-849-1450 x1.

Assumption of Risks:

I understand that physical activity related to Shooting Sports, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Wisconsin. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED PROGRAMS AND ACTIVITIES. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.**

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in Calumet County Shooting Sports Program, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin - Extension, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin - Extension, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.**

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin - Extension and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT RENDERED PURSUANT TO THIS AUTHORIZATION.**

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____