Yes ◯ No ◯ _____ _____

FIRST YEAR ORIENTATION NEEDED? **FIRST NAME** **LAST NAME**

Parent/Guardian Phone Number(s):_____ **Email(s) for Contact List:** _____

One (1) Waiver is REQUIRED FOR EACH DISCIPLINE.

Please circle one: ◯ **ARCHERY** ◯ **AIR RIFLE**

2020 – SHEBOYGAN COUNTY 4-H SHOOTING SPORTS WAIVER FORM

Supervision of this program is under the direction of the Extension Service. All participants are responsible for their conduct to 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, muzzleloading, or wildlife ecology** and their activities.

I believe the Sheboygan 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 Madison Division of Extension (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, shotgun and wildlife ecology. (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, Extension, 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.

2 Signatures : _____ _____ _____ _____

Parent/Guardian signature **date** **participant's signature** **age**

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SHEBOYGAN COUNTY 4-H SHOOTING SPORTS CODE OF CONDUCT

As a participant you have the responsibility of representing the Sheboygan 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 and 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 Sheboygan 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 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 home of who you are and what you have done.
12. Abide by the Sheboygan 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 Sheboygan 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.

Member's Signature: _____ **Parent/ Guardian Signature**_____ **Date:** _____

As the parent/guardian of my child, I have read and reviewed the Sheboygan 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.