

# Bullseye Shooting Sports 4-H Member Enrollment - 2026



First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please circle the appropriate response in each line

<b>Gender</b>	Male	Female	Gender Identity Not Listed	Prefer not to state	
<b>Grade</b>					
<b>Residence</b>	Farm	Town/Rural (<10,000)	Town/City (10,000-50,000)	Suburb (< 50,000)	City (> 50,000)
<b>Ethnicity:</b>	Hispanic	Non-Hispanic	Prefer not to state		
<b>Race:</b>	White	Black/African American	American Indian Alaskan Native	Hawaiian Pacific Islander	Balance (other combinations)
				Asian	Prefer not to state

## EMERGENCY CONTACT

Full Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

## PARTICIPATION

Please check appropriate response.

	I want to join 4-H as a new or returning youth member.
	I want to participate in a 4-H activity, but I do not want to join 4-H at this time.

List the 4-H Club you wish to join.

\_\_\_\_\_



**List your 4-H Projects:**

Project #	4-H Project Name	Project #	4-H Project Name

**Parent/Guardian 1**

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

**Parent/Guardian 2**

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

**Second Family**

<b>Name:</b>		<b>Relationship:</b>	
<b>Mailing Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

**GENERAL INFORMATION**

**School County:** \_\_\_\_\_ **District:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Military Service:**    \_\_\_ I am serving in the Military    \_\_\_ No one in my family is currently serving  
                                  \_\_\_ I have family member(s) serving in the Military

<b>Branch of Service</b> (circle)	Air Force	Army	Coast Guard	Marines	Navy	DOD Civilian	Not applicable
<b>Branch Component</b> (circle)	Active	Guard	Reserves	Not applicable			

**Resident County:** \_\_\_\_\_

**Health Considerations/Notes** ( food allergy, diabetes, food allergies, special accommodations needed, etc....)

**T-Shirt Size** (circle)                      **YXS    YS    YM    YL    YXL    AS    AM    AL    AXL    A2X    A3X**

**FFA:** Are you a participating FFA member in addition to being in 4-H?    \_\_\_ Yes    \_\_\_ NO

**Information Sharing Acknowledgement**

I hereby give permission for the youth mentioned above to participate in organized events and activities offered by Ohio 4-H Youth Development Program for the current 4-H enrollment year. Further, I understand and agree that my child's 4-H enrollment information (including but not limited to name, address, age, projects) may be shared with organizations providing oversight of county and independent fairs and elected officials.

Member Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

**OHIO 4-H CODE OF CONDUCT**

4-H members, parents, and other adults participating in 4-H activities will:

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, ethical, respectful manner, use appropriate language (including not using profanity), exhibit good sportsmanship, and provide positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, tobacco in any form, and/or any vaping products during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) harassment, and actions that bully, ridicule, dominate, or display inappropriate behavior toward others.
7. Accept personal responsibility for behavior, destruction or theft of property including any financial damage.
8. Be responsible for any financial damage caused by inappropriate behavior.
9. Adhere to rules of safety.
10. Follow Ohio and county laws and regulations related to the care, handling, and possession of animals and living creatures.
11. Operate machinery, vehicles, and any other required equipment in a responsible manner in accordance with the directives of OSU Extension personnel and Ohio and county laws and regulations.
12. I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.
13. Follow the Ohio State University Standards of Behavior for Minor Participants Participating in Activities and Programs with Minor Participants.

As a program participant in OSU Extension, 4-H participants must not engage in discriminatory behavior, which includes harassment, discrimination, sexual misconduct, and retaliation. This means you should not exclude anyone from participating in any program or activity or discriminate against them because of their identity. Identity includes: age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or protected veteran status. A full definition of harassment and discrimination can be found in the [Affirmative Action, Equal Employment Opportunity, and Non-Harassment/Discrimination policy](#).

Consequences for violating any part of this code of conduct may include, but are not limited to: removal from the 4-H program; removal from participation in the event in which the code of conduct has been violated (at the individual's expense); forfeiture of financial support; sanctions on or being banned from participating in future 4-H events; removal from leadership positions and/or offices held, etc. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

By signing below, I affirm that I have read and understand the above statement.

**Ohio Revised Code Livestock Standards Acknowledgment**

I have read and agree to abide by the county rules along with all state rules. The State Livestock Rules are available at <http://codes.ohio.gov/oac/901-19>. I understand that my project may require that I complete Quality Assurance. I understand that I need to check with my local Extension office to determine QA requirements for the county in which I am enrolled as a project member. This animal was under my care and ownership for the required amount of time before my County Fair as required by the ORC 901-19-39.

**I HAVE READ THE ABOVE AND UNDERSTOOD THE ABOVE STATEMENTS**

Information Sharing Acknowledgment	YES	NO
Ohio 4-H Code of Conduct	YES	NO
Ohio Revised Code Standards Acknowledgment	YES	NO

**PHOTO, VIDEO RELEASE AND AUTHORIZATION**

Me and/or my child, \_\_\_\_\_ plans to participate in 4-H programming through Ohio 4-H, taking place \_\_\_\_\_ (insert dates). I acknowledge that during this programming, I and/or my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility and its affiliates, agents, successors and assigns (“OSU”) consent to use the videotape and photographs of me and/or my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with me and/or my child’s participation in the 4-H program year in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension / Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child’s name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my and/or my child’s name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my and/or my child’s voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Please select ONE option:

\_\_\_\_\_ **YES**, I give permission to the photo, video release, and authorization

\_\_\_\_\_ **NO**, I do not give permission to the photo, video release, and authorization

Member Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

# Release from Responsibility, Assumption of Risk, and Waiver for Participation

PARTICIPANT'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH (MO/DAY/YR): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACTIVITY NAME: \_\_\_\_\_

SPONSOR OF ACTIVITY: The Ohio State University, Ohio 4-H (insert county)

LOCATION: \_\_\_\_\_

DATE(S): \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**DESCRIPTION:** Participants in the \_\_\_\_\_ program will be under the direction and supervision of 4-H volunteers and staff. Participants will follow all verbal and written instruction by program staff. Failure to follow the direction of program staff, failure to wear appropriate safety or protective gear, behavior that puts the safety of the participant or others at risk or using any program materials for a purpose other than what intended could result in temporary or complete removal from the program. While in the program, participants will engage in a variety of activities which may include, but are not limited to: (insert description)

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand and accept such risks, and release, Ohio 4-H, The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless, Ohio 4-H, The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

**Parent/Legal Guardian Responsibility:** Does your child have any medical needs or accommodations that would limit their ability to fully participate in the scheduled program/activity? If so, please contact *insert contact information* at your earlier convenience to discuss those needs with program staff.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Authorizing Signature of Parent/Legal Guardian if Participant is under 18 years of age

Print Name: \_\_\_\_\_



College of Food, Agricultural, and Environmental Sciences  
Ohio 4-H Youth Development  
[ohio4h.org](http://ohio4h.org)

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Revised 10/2024 by Epley, H.K. and Blair, K.



# Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

**REQUIRED!**  
**Attach Picture**  
 (for I.D. purposes only)

## Participant/Member Information:

Name: _____		
(Last)	(First)	(Middle)
Address: _____		
(Street)	(City)	(State) (Zip)
Home Phone: _____	County: _____	
Date of Birth: _____	Male/ Female	Age (today): _____

## Emergency Contact Information:

Parent/Guardian Name: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Physician: _____	Phone: _____	
Dentist: _____	Phone: _____	

## Health History:

### Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
 Tuberculosis \_\_\_\_\_ Mumps \_\_\_\_\_ Other Communicable Diseases \_\_\_\_\_

### Immunization/Vaccine Record:

To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

The participant has received a Tetanus Booster. Date of last booster: \_\_\_\_\_

*If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.*

### Instructions for Medications:

- All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.
- If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.
- All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

## Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):  
 (please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



**Check below if the participant is subject to any of the following conditions:**

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

**Allergies:**

If none, please write NONE here: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? \_\_\_\_\_

Serious bee or insect sting reactions: What is the prescribed treatment? \_\_\_\_\_

*NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.*

**Check below if the participant displays any of the following behaviors:**

<input type="checkbox"/> Abusive to Others	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Self Abusive	<input type="checkbox"/> Withdrawn/Shy
<input type="checkbox"/> Bites	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Severe Fears (Please comment) _____	<input type="checkbox"/> Behavior Plan in Place (please attach a copy or description)
<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Runs Away	<input type="checkbox"/> Short Attention Span	<input type="checkbox"/> Other? _____

**Accommodations for Camp:**

Please tell us about the accommodations your child may need at 4-H camp:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

Description of any camp activities from which my child should be exempted for health reasons: \_\_\_\_\_

**Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:**

<input type="checkbox"/> Acetaminophen ( ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

**Emergency Medical and Informed Consent/Camp/Program Release**

I understand that my child, \_\_\_\_\_ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below. I understand that my child must follow the *Ohio 4-H Code of Conduct*; consequences for *Code of Conduct* violations may result in my child being sent home at the sole discretion of OSU Extension at my expense.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Waiver and Permission to Transport Child/Charge  
Ohio State University Extension**

**Child/Charge:** \_\_\_\_\_

**Event:** \_\_\_\_\_ Shooting Sports Disciplines at Bull's-Eye 4-H Club Meetings \_\_\_\_\_

**Date:** \_\_\_\_\_ 2026 Spring Session (March-May) and/or 2026 Fall Session (October-November) \_\_\_\_\_

**Location:** \_\_\_\_\_ To and from Herveda 4-H Camp's Shooting Ranges (shotgun, archery, rifle, pistol) \_\_\_\_\_

**Driver:** \_\_\_\_\_ Ohio State University Extension Volunteer \_\_\_\_\_

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state Extension programs.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. 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.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Ohio State University, its Board of Trustees, The Ohio State University Extension and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): \_\_\_\_\_

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



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## Ohio 4-H Shooting Sports - Parent/Guardian Permission Statement and Liability Release

I hereby give permission for my child to participate in the activities of the Ohio 4-H Shooting Sports program. It is my understanding that strict rules of conduct are required, and safety habits are a must. Any member considered in violation at any time will be dispelled. The Club will attempt to install all safety requirements in all participants but cannot assume responsibility for any individual who does not comply.

I further agree not to hold the volunteers and staff, the Ohio State University Extension Service, and the 4-H Club liable for any injuries sustained by my child during any of the activities.

We, the parent(s) / guardian(s) approve of our child's use of firearms, archery and ammunition in the 4-H Shooting Sports program. We agree not to hold the volunteers and staff, the Ohio State University Extension Service, liable for any damage or accidents. We realize that our child will be expelled from the program if he/she fails to follow instructions and safety guidelines.

By signing below, I affirm that I have read and understand the above statement.

Youth Member Name (Print) \_\_\_\_\_

Youth Member Name (Signature) \_\_\_\_\_

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

Parent/Guardian Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_

### Permission to Handle and/or Fire a Handgun Form

*This section is required for all youth enrolled in a pistol discipline. This is optional if your child is not in pistol. However, please consider signing as during an event (i.e. family fun shoot) your child may have the opportunity to shoot a handgun.*

The Youth Safety Handgun Act (<https://www.atf.gov/firearms/docs/guide/atf-i-53002-%E2%80%94-youth-handgun-safety-act-notice/download>) as included in the Gun Control Act of 1968 puts restrictions on the use and possession of handgun(s) by youth under 18 years of age. Youth participating in the Ohio 4-H Shooting Sports Program must, always, follow all provisions of this act. Therefore, Ohio 4-H Program Leaders will require "the prior written consent of the juvenile's parent or legal guardian who is not prohibited by Federal, State, or Local law from possessing a firearm."

I/we \_\_\_\_\_, the parent /legal guardians of (child's name) \_\_\_\_\_, who was born on (date of birth) \_\_\_\_\_, grant permission to participate with a handgun in the Ohio 4-H Shooting Sports Program and Events sponsored by County, State, and National 4-H organizations as per The Youth Safety Handgun Act.

I certify that I am not prohibited by Federal, State or Local law from possessing a handgun or ammunition.

I do hereby give my consent and permission for the above named juvenile to temporarily possess firearms, handguns and ammunition.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_



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