

**Jackson County 4-H Shooting Sports Parents or Guardians Agreement of
Waiver of Liability Indemnification and Medical Release**

The undersigned parent and natural guardian or legal guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in Georgia 4-H shooting sports.

Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successor, and assigns, to:

A. waive, release and discharge the State of Georgia and Jackson County, and their officers, agents, employees, 4-H volunteers for any and all liability for participant's death, disability, personal injury, property damage, property theft or action of any kind which may hereafter accrue to participant and his/her estate; and

B. indemnify and hold harmless the State of Georgia and Jackson County and their officers, agents, employees and 4-H volunteers from and against any and all liabilities, damages, expenses and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above release.

Name of Minor

Age

Name of Parent or Guardian

Signature

Date



I am also aware and understand that my child from time to time will be touched, moved and held in a manner to assist positioning, balance, comfort and provide continuity in curriculum training for the discipline being taught.

I certify that my child and I have read and understand the above rules and regulations, the 4-H Code of Conduct and the Range Guidelines and Safety Procedures. I understand that in order for my child to participate in Project S.A.F.E. activities, I must accompany them to every event.

(Signature of Parent)

(Date)

(Must be completed, signed and returned by the 1st night that participant practices before youth will be allowed to participate in 4-H Shooting Sports Program/Event)