Ohio 4-H Shooting Sports PERMISSION TO PARTICIPATE & HEALTH FORM

Please mark projects you are taking:				
Archery	Pistol			
Hunting/Wildlife	Rifle			
Living History	Shotgun			
Muzzle loading	Crossbow			

		Muzzle load	ding Crossbow
This form must be completed for each participant by the paren This information will be kept confidential and used only for the		ant. PLEASE P	RINT!
GENERAL PARTICIPANT INFORMATION			
Name(Last) (Fir	ost)	(Midd	dia
	St)	(Midd	ale)
Address(Street) (Cit	ty)	(State)	(Zip)
Please Mark:Male Female Date of Birth	l		Age
Main contact phone number: (will be used in case of cancellati	ons, rescheduling, etc)	
Please Mark:Home PhoneParent's Cell Phone _	_Member's Cell Phon	e Is texting	on this phone ok?YesNe
EMEDOENOV CONTACT INFORMATION			
Parent Name	Alternate Person		
Phone			
Mobile Phone			
Other Phone		Phone	
Conditions: Medications: Specify any restrictions in activities:			
PERMISSION & LIABILITY RELEASE I understand that my child is not required to participate in the possible risks. I recognize that by participating in this activities firearm and/or archery equipment use, and interaction with hereby attest and verify that I have been advised of the pot activity, and that I assume any expenses that may be incurregardless of whether I have authorized such expenses.	ity, as with any activit unfamiliar surroundir ential risks, that I hav	y involving mot ngs, my child m re full knowledg	tor vehicle transportation, lay risk personal injury. I ge of the risks involved in this
I agree to and do hereby, waive any and all claims against, organizations, including Ohio State University, Ohio 4-H, ar employees, agents and volunteers from any and all claims arise from my child/ward's participation.	nd the local county ar	nd club, and the	ese organizations' officers,
MEDICAL RELEASE I understand that in the case of serious illness or injury, I we the attending physician to hospitalize, secure proper treatment participant listed. I agree to the release of any records necessary.	ent and to order inject	ction, anesthes	ia, or surgery for the
Parent/Guardian Name		(Print	Please)
Parent/Guardian Signature			
Participant Signature	Date		