

4-H Youth Development Projects, Events, and Activities Release Form

I understand that participating in 4-H activities can involve certain risks to my child. On behalf of my child I accept those risks. I hereby release and discharge Purdue University, The Trustees of Purdue University, the Johnson County Commissioners, the Johnson County Cooperative Extension Service, and each of their trustees, officers, appointees, agents, employees, and volunteers (“Released Parties”) from all claims which my child or I might have for any injury or harm to my child, including death, arising out of my child’s participation in any activity related to the 4-H Shooting Sports project, even if such injury or harm is caused by any of the Released Parties.

4-H Member’s Name (please print)

4-H Member Signature (required only if 18 years old)

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date