

**NORTH DAKOTA 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 North Dakota 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, successors, and assigns, to:

- A. Waive, release and discharge the State of North Dakota, and its officers, agents, employees and 4-H volunteers from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate; and
- B. Indemnify and hold harmless the State of North Dakota, and its 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. The undersigned also certifies that participant is covered by the following health insurance policy. 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	
_____	_____
Medical Insurance Company	Policy #
_____	_____
Signature	Date

Must be completed, signed and returned to the local county Extension office before youth will be allowed to participate in 4-H Shooting Sports Program/Event.