AGREEMENT TO ASSUME RISK AND RELEASE FROM LIABILITY
Illinois 4-H Shooting Sports

NAME OF EVENT: 4-H Shooting Sports Activity  DATE(S) ________________________  YEAR ________

This is a legal document. You must read and understand it before signing it.

The Activity is a 4-H shooting sports program under the supervision of 4-H Certified Shooting Sports Leader that involves the use of firearms, live ammunition, and/or archery equipment.

I acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property, as a result my participation in this Activity. Risks include but are not limited to gunshot and/or archery wounds, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and from the use of equipment, materials, or facilities recommended by the University of Illinois; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and/or adequate emergency medical care.

I understand that the University of Illinois does not guarantee the personal health or safety for participants, nor does it protect against risk of loss of personal property.

I verify that I have knowingly disclosed all pertinent medical and health information about me in the UI Extension 4-H Program Emergency Medical Information form, which I have completed and signed.

If I am injured or become ill while participating in this Activity, I will accept responsibility for any medical bills, including co-payments and deductibles not covered by the American Income Life Medical/Accident insurance policy, and I will not seek reimbursement from the University of Illinois. If I cause harm to another person or another person’s property while participating in this Activity, I accept sole responsibility for all losses not covered by the American Income Life Medical/Accident insurance policy.

I understand the University of Illinois does not assume responsibility for events that are not part of the Activity described above, or that are beyond the control of the University, its employees, or its agents or volunteers, or for situations that may arise due to the failure of the participant to disclose pertinent information.

I understand and agree to abide by the Behavior Guidelines provided by University of Illinois Extension 4-H. I understand that the UI Extension has the right to ask me to leave the Activity if a UI representative deems that my behavior or action poses a threat to others participating in the Activity.

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I have reviewed and understand the safety policies for each discipline in which I will be participating, including but not limited to policies on foot wear, eye and ear protection, and other relevant safety procedures.

In consideration for allowing me to participate in the Activity, I release the Board of Trustees of the University of Illinois, its officers, employees, agents and volunteers from all liability, and waive any and all claims that I may have, arising out of or in any way connected with the Activity and my participation in the Activity. This release and waiver is binding on my heirs, assigns and representatives.

Name ____________________________________________ Phone ____________________
Address _______________________________ City __________ State ______ Zip _____

Signature ___________________________________________________________________

Note: University of Illinois Extension reserves the right to restrict participation in future activities for those individuals who have been removed from an activity for any behavior outlined in Category 1 or 2 of the University of Illinois Extension, Code of Conduct for 4-H Events and Activities.