

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE COLORADO STATE UNIVERSITY, ITS GOVERNING BOARD, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST THE UNIVERSITY WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE.

**Permission for Youth to Participate in the Air Rifle, .22 Rifle, Muzzleloading, Air Pistol, Archery, Shotgun, .22 Pistol, Outdoor Skills, and Western Heritage 4-H projects**

I understand that my child, \_\_\_\_\_ will be participating in organized Air Rifle, .22 Rifle, Muzzleloading, Air Pistol, Archery, Shotgun, .22 Pistol, Outdoor Skills, and Western Heritage classes offered by the Colorado 4-H Youth Development Program. It is my understanding that my child will learn, understand, and follow established guidelines for safely handling firearms and ammunition. We understand that certified shooting sports leaders will offer trainings, and it is our responsibility to learn when those trainings will be offered and attend scheduled practices. We also agree to follow the Colorado/State 4-H Code of Conduct and Dress Code.

**Release from Responsibility, Assumption of Risk, and Waiver**

PARTICIPANT'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**LOCATIONS OF ACTIVITY (IES):**

Jerry & Suzanne Clausen Property, 12425 N County Road, Loveland, CO	Colorado Youth Outdoors Swift Ponds, Fort Collins, CO
Great Guns Sporting, LLC, 16126 County Road 96, Nunn, CO	Lon Hagler Outdoor Range, Loveland, CO
The Ranch Larimer County Fairgrounds, Loveland, CO	Liberty Firearms Institute, 4990 Ronald Reagan Blvd.,
Fort Collins Archery Range, Fort Collins, CO	Johnstown, CO

**DATE(S) OF ACTIVITIES: START DATE: November 1, 2023 END DATE: December 31, 2024**

**DESCRIPTION OF ACTIVITIES:** All 4-H Shooting Sports practices and competitions.

I, the undersigned participant, exercising my own free choice to participate voluntarily in the activities described above, and promising to take due care during such participation, hereby acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and entities, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that I may sustain through my participation in normal or unusual acts associated with the above-named activities, regardless of whose fault may be the cause of my injuries or damages, EVEN IF CAUSED BY CARELESSNESS OR NEGLIGENCE, so long as the conduct which caused the injuries or damages was not grossly negligent, or willful and wanton.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, and their members, officers, agents, employees, and any other persons, or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, of any person who suffers any injury, disability, death or other harm, to person or property or both, as a result of my participation in and/or presence at the above listed activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release from Responsibility, Assumption of Risk, and Waiver.

**READ, UNDERSTOOD AND AGREED TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2024.**

Signature of Participant whose printed name appears above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness over 18 years of age (Participant must sign in the presence of the Witness)

**If participant is under the age of 18, his or her parent or legal guardian must also sign:**

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

\_\_\_\_\_  
Signature of Parent or Legal Guardian (date)

\_\_\_\_\_  
Witness over 18 years of age (Parent or Guardian must sign in the Presence of the Witness)