COLORADO STATE UNIVERSITY
EXTENSION

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE FREMONT COUNTY, CITY OF FLORENCE, COLORADO 4-H FOUNDATION, 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 4-H In-person Programming

I understand that my child, _____, will be participating in the 4-H Shooting Sports activities. Activities that may include (contests, workshops, banquets, dances and optional activities may include numerous inherent risks. I am aware and have discussed the following inherent risks with my child:

The specific risks vary from one activity to another, but the risks range from:

- *Minor injuries such as scratches, bruises, and sprains;*
- *Major injuries such as eye injury or concussions*
- *Exposure to COVID-19.*

RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

PARTICIPANT'S FULL NAME: _____ **Date of Birth** _____

Address: _____ **City** _____ **State** _____ **ZIP** _____

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 Fremont County, City of Florence, Colorado 4-H Foundation, State of Colorado, The Board of Governors of the Colorado State University System, Colorado State University, 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.

Further, I hereby indemnify and hold harmless The Board of Governors of the Colorado State University System and Colorado State University, Colorado 4-H Foundation, Fremont County, City of Florence, 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 negligent acts or omissions arising out 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.

If participant is under the age of 18, his or her parent or legal guardian must 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, and acting on behalf of the participant, 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 as authorized pursuant to C.R.S. section 13-22-107.

_____ _____

Signature of Parent or Legal Guardian (date)