

**Brown County 4-H Shooting Sports
Member Participation Agreement 2021 - 2022**

Member name (Printed) _____

We (child and parent/guardian) have received and read the Brown County 4H Shooting Sports Policy & Procedures Handbook. We agree to support and abide by the rules, guidelines and policies of the Brown County 4H Shooting Sports Club. We realize failure to do so could result in a loss of privileges related to the 4-H Shooting Sports Program now and/or in the future.

A 4-H Shooting Sports Certified Range Leader has the right to refuse any participant from the shooting sports activity in the interest of safety for the participant and others in the program. I understand that there are inherent and other risks involved in the use of firearms and ammunition in shooting, and I freely and voluntarily assume and accept those risks. I understand the safe and proper use of firearms requires a positive attitude based on maturity, responsibility, ethics and respect. I agree to abide by all safety rules established by the Wisconsin 4-H Shooting Sports Office, the Brown County 4-H Shooting Sports Club, and common sense and will encourage others to do the same. I understand that club membership may be terminated at any time if my cooperation and respect for safety is deemed to be unsatisfactory by the instructors or adult leaders or if my behavior or actions are deemed to be a risk to others or myself or if, in the opinion of the instructors or adult leaders, I fail to demonstrate the proper attitude and knowledge necessary for the safe and proper use of firearms or archery equipment.

As parent/guardian of the above 4-H member, I certify my child is not restricted by local, state, or federal laws from handling or possessing firearms under adult supervision. I hereby give my permission for my child to handle firearms and ammunition pertaining to this club's activities under the supervision of the certified instructors and adult leaders of the Brown County 4-H Shooting Club. If my child is injured during club activities and I cannot be contacted in a reasonable amount of time, I hereby give my consent for necessary medical care.

Members Signature _____ Date _____

Primary 4-H Club: _____

1st or 2nd Year in Brown County Shooting Sports: Yes No

Parent /Guardian Signature _____ Date _____

Email Address: _____