

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.

Permission for Youth to Participate in the Air Rifle, .22' Rifle, Black Powder Rifle, Air Pistol, Archery, Shotgun and Outdoor Skills project/s

Valid from January 1 to September 30, 2010

I hereby give permission for _____ to participate in organized Air Rifle, .22' Rifle, Black Powder Rifle, Air Pistol, Archery and Shotgun 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 4H Code of Conduct.

Release from Responsibility, Assumption of Risk, and Waiver

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

HUNTER SAFETY NUMBER: _____ DATE: _____

LOCATIONS OF ACTIVITY (IES): Jerry and Suzanne Clausen Property, 12425 North Co Rd 27, Loveland, CO 80538
Great Guns Sporting, L.L.C., 16126 WCR 96, Nunn, CO
Fort Collins Archery Range, Fort Collins, CO
"The Ranch" Larimer County Fairgrounds, Loveland, CO
Berthoud Gun Club, 20498 Weld Co Rd 1, Berthoud, CO
Douglas and Marla Kindsfater Property, 13024 Owl Canyon Trail, Laporte, CO
Scott Barber Residence, 52255 Weld Co Rd 21, Nunn

DATE(S) OF ACTIVITIES: START DATE: January 1, 2010 END DATE: September 30, 2010

DESCRIPTION OF ACTIVITIES: 4-H Air Rifle, .22' Rifle, Black Powder Rifle, Air Pistol, Archery, Shotgun and Outdoor Skills practices

I, the undersigned participant, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, 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 entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above listed activities.

I 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 State of Colorado, The Board of Governors of the Colorado State University System, and 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 sustained through my participation in normal or unusual acts associated with the above-named 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 _____, 20 _____.

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)