

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 to Participate in the San Luis Valley 4-H Shooting Sports Program

Valid from January 1 to December 31, _____

I hereby give permission for _____ to participate in organized and sanctioned San Luis Valley 4-H Shooting Sports classes and competitions offered by the Colorado 4-H Youth Development Program as administered by local Colorado State University Extension Staff. It is my understanding that my child will learn, understand and follow established guidelines for safely handling firearms, bows and ammunition, arrows. 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 and shoots. We also agree to follow the Colorado State 4-H Code of conduct.

Release From Responsibility, Assumption of Risk, and Waiver

PARTICIPANT'S FULL NAME: _____

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

ADDRESS: _____

LOCATION OF ACTIVITY (IES): San Luis Valley designated locations and other sanctioned locations

DATE(S) OF ACTIVITY (IES): **START DATE:** _____ **END DATE:** _____

DESCRIPTION OF ACTIVITIES: San Luis Valley Shooting Sports classes and sanctioned 4-H Shooting events

I, the undersigned parent or guardian of the above named participant, 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 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, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my child's 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 child's 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 child's 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** _____.

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

Shooting Sports Emergency Report Sheet

Effective Date:

Emergency Communications:

Contact	Primary Phone	Secondary Phone	Primary Frequency	Secondary Frequency
EMS	911			
Police	911			
Sheriff	911			
Fire	911			
Range				
Range Cell				
Extension Office	719-852-7381	847-508-7041		

Immediate Response for Injuries or Illness

- Call a "CEASE FIRE" if the person is near the firing line or downrange. Ensure that all firearms are unloaded and clear.
- The range RSO will notify Dispatch Center using the nearest cell phone and provide the information listed below.
- The RSO will nominate an adult present to pull targets, if possible, and securing the scene and the injured person's gear.
- Dispatch a person to wait at the SLV 4-H archery shooting range to guide EMS/authorities (if injury is in the lower ranges)/

Information for EMS/Sheriff/Fire – Dispatch Center

1. Location:
2. Directions:

3. Telephone number that you are calling from _____

4. Your name: _____

5. What happened and possible hazards for rescuers:

6. Number of people injured or ill: _____

7. Condition of injured or ill:

8. First aid provided (if any):

- Wait for Dispatch Center to hang up first. Return to the injured and continue care until authorities arrive.
- The range RSO in charge will supervise the situation and ensure fulfillment of emergency procedures by:
 - Getting names of witnesses and taking statements.
 - Providing EMS/authorities with as much information as is needed to facilitate their duties.

- Notify next of kin (if possible involve range officials in this) once EMS/authorities have examined the injured and prepared for transportation to a medical facility.
- Completing Injury Report Form.
- Notifying officials of the organization, range, club and Extension Office staff concerning the event.
- Remind organization officials to notify insurance company as necessary.
- Evaluate the emergency plan for possible revisions (at a later time but while incident is still fresh).
- Remain available for follow-up from authorities or club officials.

Shooting Sports Injury Report Form

RSO Reporting Name: _____

Date & Time of Incident: _____

Contact Phone Numbers (Day & Evening): _____

1. Describe nature and extent of injury (specify parts of the body):

2. Describe how the injury occurred:

3. Describe first aid given:

4. First aid was provided by (give name and phone number):

5. Disposition (specify name of hospital, time of transport etc.):

6. Notification of next of kin (specify time, person contacted and method):

7. Location of incident and conditions of area:

8. Was protective equipment worn (if applicable):

9. Describe steps taken to preserve the scene (equipment, photographs etc. if applicable):

10. Witness statements: Interview witnesses separately.

a. Witness (Name): _____

Address: _____

Contact Phone Numbers (day & evening) _____

Statement:

b. Witness (Name): _____

Address: _____

Contact Phone Numbers (day & evening) _____

Statement:

11. Notes and Comments:

12. Injury report completed by:

Name: _____

Title: _____

Date: _____

Signature: _____

13. Disposition and follow-up:

Name: _____

Title: _____

Date: _____

Signature: _____