

**Shooting Sports/Wildlife Leader Training  
Parent Authorization Form**

For Youth 17 and under

YOUTH'S NAME \_\_\_\_\_  
MUST BE SIGNED BY A NOTARY PUBLIC

RELEASE: THIS FORM MUST BE SIGNED BY YOU, THE PARENT OR LEGAL GUARDIAN OF THE YOUTH NAMED ABOVE, IN THE PRESENCE OF AND WITNESSED BY A NOTARY PUBLIC.

I understand that accident and medical expense insurance is provided by the University of Minnesota Extension Service for injuries and illness which first present themselves during the event. If an illness or injury develops, medical care will be provided and I will be notified as soon as possible. Staff members for the activity will be responsible for seeking appropriate medical care in case of an accident, injury, or illness. I understand and accept the above statement and further authorize each of the following:

- A. The health history is correct and the above named attendee has my permission to engage in all program activities.
- B. I grant permission to the attending physician and/or the medical facility staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize the medical care unit to release medical record information to the health insurance carrier and the family physician or clinic for the 4-H youth development office in order to process claims.
- D. I understand that I am financially responsible for charges not covered or paid by this event insurance and hereby guarantee full payment to the attending physician(s) and/or health care unit.

I understand and do hereby release the shooter named above to MN 4-H Shooting Sports/Wildlife Leaders' Training for instruction in the safe handling and legal use of firearms. I further authorize the trainers to supply the shooter with the necessary firearm and/or ammunition.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Notary Signature: \_\_\_\_\_  
Number:        Date: