

## Liability Waiver and Indemnification

I acknowledge that my participation in the 4-H Target Sports Program may involve risks including but not limited to "personal injury or death" and property damage. I assume responsibility for all risks. I indemnify and hold harmless North Carolina State University, its trustees, officers, employees, agents, including the staff and volunteers of the North Carolina 4-H Target Sports Program, from any liability arising from, or proximately caused by my participation in this program.

I further acknowledge that I have comprehensive health insurance coverage that will be in effect during the date(s) of the program. The insurance company is: \_\_\_\_\_  
And my policy number is \_\_\_\_\_

Printed name \_\_\_\_\_ Age \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE:

I am fully aware of the risks that may be involved, and I consent to have my child participate in the aforementioned program. Insurance coverage is indicated above.

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Parent/Guardian Printed name

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Signature

Date