

**Ohio 4-H Shooting Sports Program**  
**Permission to Handle and or Fire a Handgun Form**

*This form MUST be completed by any pistol shooter.*

The Youth Safety Handgun Act (<https://www.atf.gov/firearms/docs/guide/atf-i-53002-%E2%80%94-youth-handgun-safety-act-notice/download>) as included in the Gun Control Act of 1968 puts restrictions on the use and possession of handgun(s) by youth under 18 years of age. Youth participating in the Ohio 4-H Shooting Sports Program must, always, follow all provisions of this act. Therefore, Ohio 4-H Program Leaders will require “the prior written consent of the juvenile’s parent or legal guardian who is not prohibited by Federal, State, or local law from possessing a firearm.”

**This written permission must be in possession of the youth**, a copy may be on file with a 4-H Shooting Sports Leader in lieu of the youth losing their written permission and replaced immediately upon notice of loss by a 4-H Program Leader – even if a parent/legal guardian is present.

Please fill out the form below with the name of the youth, a parent’s or legal guardian’s name, address, as well as their signature and date. If participating with another club or 4-H Shooting Sports event, the 4-H member can provide a copy of this form to any Ohio 4-H Shooting Sports Leader. Failure to have this document will require leaders/officials to disqualify and or cease the shooters participation to avoid violation of federal law.

I/we \_\_\_\_\_, parent/legal guardians of \_\_\_\_\_,  
 (print shooter’s name),

who was born on \_\_\_\_\_ grant permission to participate with a handgun in  
 (date of birth)

the Ohio 4-H Shooting Sports Program and Events sponsored by County, State, and National 4-H organizations as per The Youth Safety Handgun Act.

I certify that I am not prohibited by Federal, State or local law from possessing a handgun or ammunition. I do hereby give my consent and permission for the above named juvenile to temporarily possess firearms, handguns and ammunition.

Signature of 4-H Shooter \_\_\_\_\_

Signature of Parent/legal guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

