

EQUIPMENT CHECK-OUT FORM

This applies to all firearms and equipment which is property of the county 4-H program.



Date _____ County _____

Name _____

Address _____

Home Phone _____ Cell Phone _____

Youth Initials	Parent Initials	By initialing each item, I acknowledge that I have read and understand each equipment check-out condition:
		1. Only currently enrolled Florida 4-H members may check out firearms and equipment.
		2. The youth and parent listed below assume total responsibility for the equipment until returned.
		3. Firearms and equipment are to be used for official 4-H events and activities only.
		4. When not in use, firearms must be unloaded, cleaned and locked with firearm safety devices or stored in a locked cabinet/safe.
		5. Firearms must be inaccessible at all times to unauthorized youth and adults.
		6. Ammunition must be stored in a separate location in accordance with Florida law.
		7. Firearms and equipment must be returned thoroughly cleaned and in the same condition they were when checked out. Normal wear is allowable.
		8. Any damage and cost of repairs or replacement will be the responsibility of the individual checking out the equipment.

EQUIPMENT TYPE	CALIBER or GAUGE	MANUFACTURER	MODEL	SERIAL #	INVENTOR Y #
AMMUNITION or ARROWS	CALIBER or GAUGE	QUANTITY	PURPOSE		
Air Rifle					
Smallbore Rifle					
Shotgun					
Black Powder					
Lead Balls					
Arrows (list quantity only)					

As the responsible party, I have read and agree to adhere to the above listed conditions.

Youth Signature

Parent Signature

4-H Volunteer Signature

Date