



BURNET COUNTY
4H ANNUAL ARCHERY 3D
BUCKLE TOURNAMENT



MAY 6TH, 2017

30 TARGET 3-D COURSE

LOCATION: BURNET COUNTY FAIRGROUNDS: 1208 HOUSTON CLINTON DR, BURNET, TX 78611

REGISTRATION CHECK IN: 8:30 A.M. REMAINS OPEN UNTIL 1:00PM

REGISTRATION FEE: \$15.00 4H MEMBERS / \$20.00 NON-4H MEMBERS

BOW CLASSES: RECURVE --- COMPOUND UNAIDED----COMPOUND AIDED

AGE CLASS: JUNIOR 3RD -5TH GRADE

INTERMEDIATE 6TH – 8TH GRADE

SENIORS 9TH -12TH GRADE

ADULTS 18 AND OVER

4-H RULES APPLY— SCORING AS FOLLOWS CENTER RING 12, NEXT RING 10, NEXT OUTER RING 5--- ANYWHERE ELSE ON BODY IS ONLY A HIT, OR IF IN HORNS OR PART OF THE BASE IS A MISS

AWARDS: FIRST - THIRD AWARDS FOR EACH DIVISION AND CLASSIFICATION

ENGRAVED TUMBLERS AWARDED TO OVERALL TOP SCORER 4H MALE AND 4H FEMALE IN EACH AGE CLASS

BUCKLE AWARDED TO OVERALL TOP SCORER 4H MALE AND 4H FEMALE

MAKE CHECKS PAYABLE TO: BERTRAM 4H

MAIL TO: BRIAN KLOSTERHOFF, 7517 CR 336, BERTRAM, TX 78605 (254-338-1754)

****EARLY REGISTRATIONS POSTMARKED BY APRIL 15TH WILL RECEIVE 2 FREE RAFFLE TICKETS**

QUESTIONS REGARDING 3D SHOOT – CONTACT BRIAN KLOSTEROFF 254-338-1754/ ROBERT LEE 512-525-7299

BERTRAM 4H



MAKING THE BEST BETTER



BURNET COUNTY
4H ANNUAL ARCHERY 3D BUCKLE SHOOT
MAY 6TH, 2017



NAME: _____ COUNTY: _____

ADDRESS: _____

PHONE: _____ BIRTH DATE: _____

EMAIL: _____

COACH'S NAME (4H ONLY): _____

CHECK DIVISION: (PER 4H AGE, AS OF AUGUST 31, 2016)

_____ JUNIOR (3RD- 5TH GRADE) _____ INTERMEDIATE (6TH-8TH GRADE)
 _____ SENIOR (9TH- 12TH GRADE) _____ ADULT

CHECK CLASS: AIDED CLASS IS ANYTHING THAT HELPS AIDE THE SHOOTER; THIS INCLUDES ANY BOW MARKINGS, SIGHTS, LENSES, STABILIZER, AND/OR RELEASE.

_____ FEMALE RECURVE _____ MALE RECURVE
 _____ FEMALE UNAIDED _____ MALE UNAIDED
 _____ FEMALE COMPOUND AIDED _____ FEMALE COMPOUND AIDED

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS EVENT AND WILL NOT HOLD TEXAS AGRILIFE EXTENSION SERVICE OR BURNET COUNTY FAIRGROUNDS 1208 HOUSTON CLINDON DR, BURNET, TX 78611, LIABLE FOR ANY ACCIDENT.

 Parent/Guardian Signature

 (Date)

 Participant Signature

 (Date)

Make checks payable to: Bertram 4H

Mail Entry Form, Waivers, and entry fee to: Brian Klosterhoff, 7517 CR 336, BERTRAM, TX 78605



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission for _____'s participation in any and all activities of **the Burnet County Bertram 4H 3-D Shoot**, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas AgriLife Extension Service, Texas 4-H and Youth Development Program, Texas 4-H Youth Development Foundation, Texas A&M University, Burnet County Bertram 4-H, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. **INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to: (1) The tendency of an animal to behave in ways that may result in injury, harm or even death to persons on or around them; (2) The unpredictability of an animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; (3) Certain hazards such as surface and subsurface conditions; and (4) Collisions and contact with other animals or objects. I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. **NO INSURANCE.** I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. **BINDS HEIRS.** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

Participant Signature _____ Date _____
Participant Printed Name _____ Participant Date of Birth _____

If participant is 18 years old or younger:

Parent/Legal Guardian Signature _____ Date _____
Parent/Legal Guardian Printed Name _____

In case of emergency, contact: _____ Phone _____
or _____ Phone _____
or _____ Phone _____

If the participant has medical insurance, please indicate:

Insurance Company _____ Policy Number _____
Name of Primary Policy Holder _____
Please list any special services your child may require: _____

