



# 4th Annual Dallas 4-H Invitational

at the Ellis County Sportsman Club

**Saturday, May 9, 2015**

**Maximum 90 shooters allowed - Pre-Registration Required.**

**Deadline for entries is Friday April 17, 2015.**

May extend shooter number if max reached by April 3.

- **Location: Ellis County Sportsman Club (DeSoto Gun Club)** <http://www.desotogunclubtx.com>
- **Registration will start at 7:30 am, Safety at 8:15 am and shooting will start at 8:45 am.**
- **Whiz-bang qualification provided by TPWD!**
- **All ties will be broken by shoot offs.**

### Registration Form

SHOOTER INFORMATION (Please print clearly)

**T-SHIRT INCLUDED!!**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Male  Female  Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: \_\_\_\_\_ Age as of 8/31/2014: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**T-shirt Size: \_\_\_ Youth \_\_\_ Adult \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL \_\_\_ XXL**

**Entries received after April 13<sup>th</sup> may not be eligible to receive a t-shirt.**

### Lunch Included!!

**Shooter's lunch is included in registration fees.** Lunch & concessions will be available for purchase at the field. Purchases will be cash only.

**Squads:** If you would like to be in a squad with someone, please send applications together. We will try to accommodate your request.

Name: \_\_\_\_\_ County: \_\_\_\_\_

Name: \_\_\_\_\_ County: \_\_\_\_\_

**REQUEST for PULLER and SCORER assistance:** Volunteers are needed to assist in pulling and scoring throughout the day. These are not lengthy assignments, one or two rounds. PLEASE PITCH IN AND SUPPORT OUR YOUTH!

Name of Volunteer(s): \_\_\_\_\_ Scoring \_\_\_\_\_ Pulling \_\_\_\_\_

**Shooting Agreement & Waiver of Liability:** Please fill out and return the Shooting agreement and Waiver of Liability form and return with the registration form. Your registration will not be processed unless all forms are returned.

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**NOVICE SHOOTERS ONLY: Please check if applicable:**

\_\_\_\_\_: Novice - Participating as a Novice is optional for any shooter. Novice classes will be Junior (age 13 and under) and Senior (age 14 and over). A Novice for this tournament is considered to be any shooter who is in their first year of 4-H shooting (2014-2015 season) and has not shot more than 300 4-H targets in 4-H tournaments.

\_\_\_\_ Junior (8 to 13) \_\_\_\_ Senior (14 to 18)

\_\_\_\_ **Trap & Skeet Package** (25 Targets each) - \$40

**Total: \$** \_\_\_\_\_

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**All Other Shooters check one class:** (Age As of 8/31/2014)

\_\_\_\_ Junior (8 to 10) \_\_\_\_ Intermediate (11 to 13) \_\_\_\_ Senior I (14-15) \_\_\_\_ Senior II (16-18)

**Pick Your Games:**

\_\_\_\_ **Trap, Skeet, 5-Stand, Sporting Clays Package-** \$140  
(50 Targets each)

\_\_\_\_ **Trap and Skeet Package** - \$75  
(50 Targets each)

**Total: \$** \_\_\_\_\_

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**Adult Shooters:**

Parents have the option to participate with their child in the sporting clay event. Adult registration fee will be \$40. Adults who register to shoot will receive a lunch ticket. Only register once.

Name of Shooter(s): \_\_\_\_\_

**Total: \$** \_\_\_\_\_

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**NO carts are available for rental.**

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**Payment Information:**

(Make checks payable to Dallas 4-H Shooting Sports)

**Late Fee: A \$20 late fee will apply for all registrations received after APRIL 27<sup>TH</sup>**

**Check Number:** \_\_\_\_\_

**Total Check Amount:** \_\_\_\_\_

Mail in registration with check to:

**Dallas 4-H Shooting Sports**

Attn: Todd Viegut/Tamra McGaughy  
10056 Marsh Ln. Suite B-101, Dallas, TX 75229

Registration can also be faxed to 214/904-3080 or e-mail to [tdmccaughy@ag.tamu.edu](mailto:tdmccaughy@ag.tamu.edu) but will not be processed until payment is received.

**Event Address:** 470 W Sterrett Rd, Waxahachie, Texas 75167

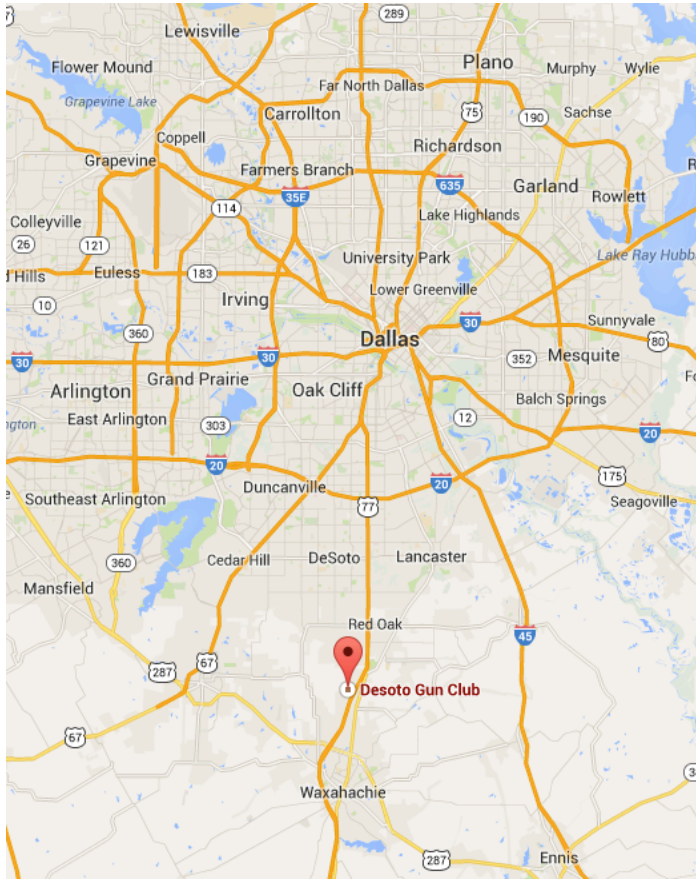
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# Thanks to our sponsor!

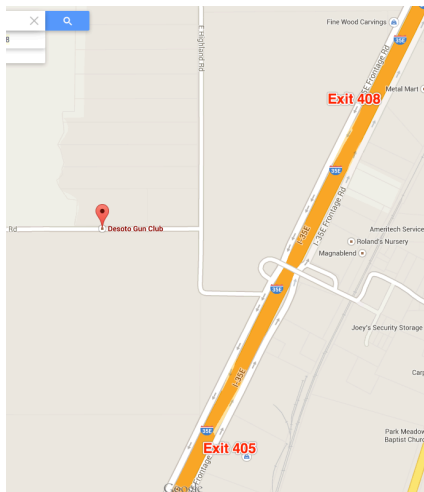


**Shooting Agreement & Waiver of Liability:** Please fill out and return the Shooting agreement and Waiver of Liability form and return with the registration form. Your registration will not be processed unless all forms are returned.

Desoto Gun Club (aka Ellis County Sportsman Club)  
25 minutes south of Dallas on I35E



Exit #408 if coming from the north  
Exit #405 if coming from the south



**Dallas County 4-H Invitation Shoot**  
**WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM**

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of \_\_\_\_\_ (herein referred to as "shooting games"), which is sponsored by \_\_\_\_\_, (herein referred to as "sponsor"), 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, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) and Elm Fork Shooting Sports 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 \_\_\_\_\_ (*put names of participants*), and 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.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.  
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this	day of	, 20
Participant Signature:		
Printed Name:		
Participant's Date of Birth:		
Parent or Legal Guardian Signature: (If Participant is under 18 years old)		
Parent or Legal Guardian Printed Name:(If Participant is under 18 years old)		

In case of emergency, contact
Phone Number:
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: