

Ellis County 4-H

3-D Archery Tournament

September 6th, 2014

Ellis County Sportsman's Club
470 W. Sterrett Rd
Waxahachie, TX 75167

7:00 am Check-In & Equipment Safety Check
7:45 am Competition Begins

\$25 Registration fee per bow which includes lunch for the archer
(\$35 for non-4H members which includes lunch for the archer)
Additional \$5 lunches available for spectators. Please preorder.

Outdoor 30 Target 3D Course 1 arrow @ varying yardages for all ages (per 4H rules)
Bounce-outs must be mutually agreed upon with your group or it is considered a miss.
Open to the first 90 shooters.

Rules are set forth by the Ellis County Sportsman's Club and those of the Tournament Director will be followed.
Please mark your arrows for identification purposes.

This range is in a wooded area. There are bugs, snakes, poison ivy, and poison oak, so please dress accordingly.
Some suggestions: sunscreen, insect repellent, hat or cap.

All shooters are required to wear pants and closed toed shoes.

No range finders, however binoculars are allowed.
Awards will be given for 1st-3rd in each division; however each archer will go home with something.

Concession stand will be available for lunch and snacks. (See registration to preorder)

Entry deadline (postmarked by) August 20th, 2014

Mail registration, waiver and fee to:

Ellis County Shooting Sports 4-H Club
c/o Amy Jensen/ 562 Old Church Rd./ Waxahachie, TX 75165

Please make checks payable to Ellis County Shooting Sports 4-H Club.
Please include payment, registration form, and 4-H Waiver

Any questions or concerns, please contact Amy Jensen at amy_jensen08@yahoo.com or 214-681-6009
OR Shannon Edwards at sedwardsm@yahoo.com or 301-357-0275 cell

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3-D Archery Tournament

RANGE RULES - These Rules apply to all members, guests, and visitors.

1. Children under 17 years of age must be accompanied by a parent or responsible adult.
2. Broadheads and firearms are not allowed on the range at any time.
3. Absolutely no sky drawing. Bows must be drawn down range towards the target.
4. No alcoholic beverages may be carried on or consumed on the range at any time.
5. Before firing an arrow be sure the area behind and around the target is clear of all living creatures and objects that could be endangered.
6. If you must look for a lost arrow, place your bow in front of the target or leave another shooter at the target so others will know you are behind the target.
7. Hunting or shooting at any living creature is not allowed on the range or property at any time.
8. Wait until all arrows have been shot before going down range to pull your arrows.
9. No glass containers.
10. No smoking allowed on the range (only in the parking lot).
11. Be considerate of other shooters and guests.
12. Treat the property with respect. Vandalism and theft will be prosecuted.
13. Always think and shoot safely. Let everyone have fun.
14. There are women and children participating at our events. Vulgar or profane behavior will not be tolerated.
15. No rangefinders allowed at competitive events
16. Cameras and/or video cameras are welcome

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17. Spectators and friends are welcome. Please leave pets at home.

Ellis County 4-H 3-D Archery Tournament

Name: _____
Address: _____
City: _____ Zip Code: _____
Birthdate: _____ County: _____
Email Address: _____
Coach Name: _____

Ages are by 4-H age, as of August 31st, 2014.

Age Class:

___ Junior

___ Intermediate

___ Senior

___ Adult

Bow Class:

___ Bare Bow (Recurve Unaided)

___ Recurve Aided*

___ Compound Unaided

___ Compound Aided*

**Each meal comes with a
hamburger or cheeseburger,
chips, and a drink**

Archer's lunch is included free with registration.

Hamburger or cheeseburger
(CIRCLE ONE)

Additional Meals \$5 each:

___ Hamburger meal

___ Cheeseburger meal

**Aided is anything that aids the shooter: release,
stabilizer, and sights (including markings on the bow).*

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**Ellis County 4-H Archery Tournament
WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM**

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission for _____'s participation in any and all activities sponsored by the **Ellis County 4-H Shooting Sports Club** held at either at Ellis County Sportsman's Club, Delozier Ranch or the Ellis County Expo (herein referred to as "sponsors"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes the sponsors, 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) 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 errant projectiles, faulty cartridges, target pieces, ricochets, venomous snakes, insects and arachnids, as well as moving vehicles, and I choose to voluntarily participate/allow my child to participate in such activity with full knowledge that the activity may be hazardous to me, my child and my property and to the person or property of others. I acknowledge that 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 see 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 the 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 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 _____
<i>If participant is 18 years older or younger:</i>	
Parent/Legal Guardian Signature _____	Date _____
Parent/Legal Guardian Printed Name _____	
In case of emergency, contact _____	Phone _____
or _____	Phone _____

Any questions or concerns, please contact Amy Jensen at amy_jensen08@yahoo.com or 214-681-6009
OR Shannon Edwards at sedwardsm@yahoo.com or 301-357-0275 cell

or _____

Phone _____

If the participant has medical insurance, please indicate:

Insurance Company _____

Policy Number _____

Name of the Primary Policy Holder _____

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