

## 8th Annual Ellis County 4-H Open Invitational Archery Tournament

When: Saturday, February 25, 2017  
Where: Ellis County Youth Expo Building  
2300 West Highway 287 By-Pass  
Waxahachie, TX 75165

Registration Fee: \$20\* (\$30\* non 4-H members)  
Registration Deadline: Feb. 15, 2017

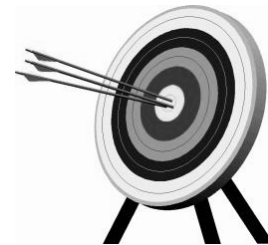


Check In: 8am for first flight (starts at 9am)  
12pm for second flight (starts at 1pm)

4-H Indoor FITA Archery rules apply. Ages are by 4-H grade, as of August 31, 2016. Space is limited to 100 participants. Spaces will be filled as entries are received. If entries arrive and there are no spaces available, they will be contacted and their entry will be returned.

Juniors: 10 Yard targets  
Intermediates: 10 Yard targets  
Seniors: 20 Yard targets

20 ends of 3 arrows at 10 or 20 yards.



Equipment will be checked at the door. Please have all arrows and bows marked clearly with your initials. Arrive early to check in. A mandatory orientation session will start at 8:50am for first flight and 12:50pm for second flight to cover all the rules and procedures. A short break will be taken between the 10<sup>th</sup> and 11<sup>th</sup> ends.

Please note there will be no sky drawing, (as per 4-H and FITA rules), long hair must be tied back, no open-toed shoes such as flip-flops, sandals, Crocs, etc. To minimize confusion, only coaches will be allowed down-range during scoring. Only shooters will be allowed in the contestant seating,

**A concession stand will be available throughout the day.**

For more information, please contact Cari Golden 214-986-1400 or Shannon Edwards 301-357-0275.

*\*If there is bad weather, we will notify everyone via email or you can stay posted at our facebook page [www.facebook.com/ecss4h](http://www.facebook.com/ecss4h) There are no refunds, however we will try to reschedule for a later date.*

# 8th Annual Ellis County 4-H Open Invitation Archery Tournament February 25, 2017

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Preferred Flight Time: \_\_\_\_\_

*(please note we will do our best to place you in the preferred shoot time, if either works, please leave blank)*

Division: (per 4-H grade, as of August 31, 2016)

- \_\_\_\_\_ Junior (3rd – 5th grade)
- \_\_\_\_\_ Intermediate (6th-8th grade)
- \_\_\_\_\_ Senior (9th-12th grade)

Class: Aided is anything that helps aide the shooter; this includes any bow markings, sights, lenses, stabilizer, and/or release.

- \_\_\_\_\_ Recurve Unaided – Ladies
- \_\_\_\_\_ Recurve Unaided – Gentleman
- \_\_\_\_\_ Compound Unaided – Ladies
- \_\_\_\_\_ Compound Unaided – Gentleman
- \_\_\_\_\_ Recurve Aided – Ladies
- \_\_\_\_\_ Recurve Aided – Gentleman
- \_\_\_\_\_ Compound Aided – Ladies
- \_\_\_\_\_ Compound Aided – Gentleman

I hereby give permission for my child to participate in this event and will not hold Texas AgriLife Extension Services – District 8 liable for any accident.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Participant Signature

Please mail Entry Form, Waiver and \$20\* entry fee to:

Shannon Edwards  
130 Crest Brook  
Red Oak, TX 75154

Make checks out to: ECSS4-H

Entries must be postmarked by: Feb. 15, 2017

*\*If there is bad weather, we will notify everyone via email or you can stay posted at our facebook page [www.facebook.com/ecss4h](http://www.facebook.com/ecss4h) There are no refunds, however we will try to reschedule for a later date.*



# 2016-2017 TEXAS 4-H & YOUTH DEVELOPMENT PROGRAM

Program Name

Ellis County Shooting Sports 4-H Indoor Archery Tournament

## CAMP & ENRICHMENT PROGRAM

### 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 **Texas 4-H** (herein referred to as "camp"), which is sponsored by **Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program**, (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 and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, 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 all events and activities, 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 thirdpersons 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 2015-2016 TEXAS 4-H & YOUTH DEVELOPMENT PROGRAM Page 5 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 \_\_\_\_\_

At the following 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_