

October 18, 2013

The District 1 4-H Program is pleased to announce an opportunity for county 4-H programs to have volunteers certified as coaches in shotgun, rifle, or archery. The training and certification will be conducted on November 15th and 16th at the Texas A&M AgriLife Extension Service, Gray County, in Pampa, Texas. A map is attached. The training will begin at 6:00 pm on Friday, November 15th, and conclude Saturday evening.

Registration is currently open and will close on Friday, November 8th. **All participants must be certified 4-H volunteers (with current background screenings) to register.**

This is a short turnaround for registration, so please pass along the information to any potential volunteers ASAP. After feedback from many CEAs concerning their interest in growing programs with shooting sports, we felt it important to quickly host a training. Hopefully, this opportunity will allow coaches to conduct project meetings in their counties for the 2013-2014 4-H year.

Listed below are the categories individuals can register for:

- 1) **Coach** - If the individual will lead the program, or have direct supervision of youth they should register for this category. A coach must be 21 or older. Cost is \$100 and two meals will be provided. The participant must register on 4-H Connect, and be a screened volunteer.
- 2) **Assistant Coach** - If the individual is between the ages of 14-20, they can assist as a certified coach. Cost is \$100 and two meals will be provided. They must also register on 4-H Connect, and be a screened volunteer. If under 18 years, the individual must be accompanied to the training by a certified coach.
- 4) **Certified Coach** - coaches who are already certified can attend at no charge if they are accompanying an assistant or teen coach. Two meals will be provided. These individuals should email sfclawson@ag.tamu.edu to confirm their attendance. Registration on 4-H Connect is not required.
- 5) **Extension Personnel** - All extension personnel are welcome to attend at no charge. Two meals will be provided. Extension personnel should email sfclawson@ag.tamu.edu to confirm their attendance. Registration on 4-H connect is not required.

A complete agenda will be sent to those who register. If you have questions let me know. This training will be offered statewide. Classes will consist of 20 participants per discipline. Registration will be on a first come/first served basis. **Let's go and grow!**

Shawnte Clawson
Extension Specialist
4-H & Youth Development



Texas A&M AgriLife Extension Service
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Agenda

November 15 (Texas A&M AgriLife Extension Service, Gray County)

- 6:00 pm – Arrive and have Dinner
- 6:30 pm – Objectives and Overview
- 6:30pm - Instructing and Working with Youth
- 8:00pm - Break
- 8:30pm - Break into specific disciplines
- 10:00pm - Adjourn for the Evening

November 16

- 8:00 am - Breakfast on your own
- 8:30am - Discipline Trainings at the Gray County office
- 12:00pm - Lunch / Green Injection - Kyle Barnett
- 1:00pm - Discipline Trainings
- 5:30pm - Testing & Adjourn

Lodging is on your own at this training. Various lodging options are available in Pampa.

WHAT TO BRING WITH YOU TO THE TRAINING:

- 3-RING BINDER (2" OR recommended)
- Writing materials and extra paper for notes
- Highlighters if you use them to stress points
- Eye protection (shooting glasses or goggles) – recommended for archery, mandatory for all other disciplines
- Ear protection (plugs or muffs) mandatory for shotgun and rifle disciplines
- Comfortable outdoor clothing, including a cap or hat suitable for the prevailing weather and be prepared for inclement weather
- Sunscreen
- Range chair if desired
- Open mind ready to learn and share

SHOTGUN DISCIPLINE PARTICIPANTS:

- 20 or 12 gauge shotgun, any action type
- Ammunition pouch or vest
- Bring 4 boxes of ammunition

ARCHERY DISCIPLINE PARTICIPANTS

- All shooting equipment will provided at the training
- Personal bows may be taken and used

RIFLE DISCIPLINE PARTICIPANTS:

- Personal rifles may be taken and used
- Bring 100-200 rounds of ammunition



Map of:
Pampa, TX 79065-1526

Notes

Texas A&M AgriLife Extension Service
12125 E. Frederick Ave.
Pampa, Texas

BOOK TRAVEL with **mapquest** (877) 577-5766



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**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 _____ (herein referred to as "camp"), which is sponsored by **Texas A&M AgriLife Extension Service, Texas 4-H and Youth Development Program**, West Texas A&M University, Panhandle District 1 4-H (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, Texas A&M 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 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 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: _____

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: _____
