

6th Annual Ellis County 4-H Open Invitational Archery Tournament

When: February 28, 2015

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.15th, 2015



Check In: 8am for first flight (start time 9am)
12pm for second flight (start time 1pm)

4-H Indoor FITA Archery rules apply. Ages are by 4-H age, as of August 31, 2014. 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 10th and 11th 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 Shannon Edwards at 301-357-0275 or Mike Edwards at 301-357-0274.

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February 28, 2015**

Name: _____ County: _____

Address: _____

Phone: _____ Birth Date: _____

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 age, as of August 31, 2013)

- _____ Junior (8-10 years)
- _____ Intermediate (11-13 years)
- _____ Senior (14-18 years)

Class: Aided Class is anything that helps aide the shooter, this includes any bow markings, sights, stabilizer, and/or release. Optical Aided Class is for the use of Optical Sights.

- _____ Recurve Unaided – Ladies
- _____ Recurve Unaided – Gentleman
- _____ Compound Unaided – Ladies
- _____ Compound Unaided – Gentleman
- _____ Recurve Aided – Ladies
- _____ Recurve Aided – Gentleman
- _____ Compound Aided – Ladies
- _____ Compound Aided – Gentleman
- _____ Compound Aided with Optical Sight – Ladies
- _____ Compound Aided with Optical Sight – Gentleman

I hereby give permission for my child to participate in this event and will not hold Texas AgriLife Extension Service --- 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 Dr.
Red Oak, TX 75154

Make checks out to: Ellis Co. Shooting Sports 4-H
Entries must be postmarked by: Feb. 15th, 2015



**Ellis County 4-H Shooting Sports
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 Project** held at either at Ellis County Sportsman's Club, Ennis Gun Club 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 EXPRESES, 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 _____

If participant is 18 years older 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 the Primary Policy Holder _____

Please list any special services your child may require:

