

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

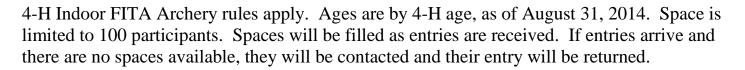
Waxahachie, TX 75165

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)



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 <u>mandatory orientation</u> 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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Name:		County:
Address:		
Phone:		Birth Date:
Email:		
Coach's Name: (please note we	will do our best to place you in th	Preferred Flight Time: e preferred shoot time, if either works, please leave blank)
Division: (per	I-H age, as of August 31, 2013)	1
_	Junior (8-10 years) Intermediate (11-13 ye Senior (14-18 years)	ars)
	·	lps aide the shooter, this includes any bow markings, sights, ss is for the use of Optical Sights.
	Recurve Unaided – La	dies
_	Recurve Unaided – Ge	ntleman
	Compound Unaided –	
_	Compound Unaided –	Gentleman
	Recurve Aided – Ladie	
	Recurve Aided – Gentl	
	Compound Aided – La	
	Compound Aided – Ge	
	Compound Aided with Compound Aided with	• 0
	ermission for my child to parti ce District 8 liable for any a	cipate in this event and will not hold Texas AgriLife accident.
P	arent 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

- 2. <u>INDEMNITY CLAUSE</u>: 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. <u>NO INSURANCE.</u> 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 my 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. <u>BINDS HEIRS.</u> 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. <u>VOLUNTARY SIGNATURE</u>. 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:		