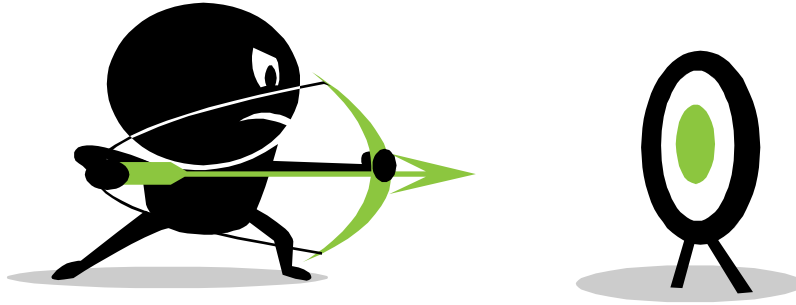


JOHNSON COUNTY 4-H 3-D SHOOT



SPRING FLIING 3-D SHOOT

April 12, 2014..... JCSSA Shooting Range..... 6465 FM 3136, Alvarado, Tx

8 a.m. Check In..... 9 a.m. Contest Starts..... Awards at conclusion of contest

Cost: \$25 per bow includes 1 meal or \$20 without meal

(PLEASE LET US KNOW IF YOU WANT TO PREORDER A MEAL)

30-Target 3-D Course.....Open to First 100 Shooters

ENTRY DEADLINE (POSTMARKED BY) MARCH 29,2014

MAIL REGISTRATION AND FEE TO:

Deborah Laughman (817-991-5525)

6249 E.F.M. 916

Grandview, TX 76050

AGE CLASSES:

Junior (8 and in the 3rd grade-10)

Intermediate (11-13)

Senior 1 (14-16)

Senior 2 (16-18) (19 if still in school)

Adults (18 and over)

MAKE CHECKS TO:

* Johnson Country 4-H Shooters

*4-H Waiver required

*JCSSA Waiver required

BOW CLASSES:

Bare Bow

Recurve

Compound Unaided

Compound Aided

4-H Rules Apply. Scoring as Follows: Center Ring-12, Next Ring -10, Outer Ring-5

Anywhere Else on Body-Only a Hit, Horns or Base

Awards for 1st- 3rd in each division

****Concessions Available****

JOHNSON COUNTY SHOOTING SPORTS ASSOCIATION

WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT

In consideration of being permitted to enter onto the premises known as the Johnson County Shooting Range located in Johnson County, Texas and to participate in and/or observe a shooting sports event at the above named facility, the undersigned, individually and/or in his/her capacity as parent/guardian/legal custodian for his/her minor child(ren) identified herein, for himself/herself, his/her spouse, his/her child(ren), his/her guests, legal representatives, heir and assigns **HEREBY WAIVES, RELEASES AND FOREVER DISCHARGES** the Johnson County Shooting Sports Association, Inc. the State of Texas, Johnson County and their political subdivisions, and such parties' officers, directors, shareholders, committee members, employees from **ALL LIABILITY** to the undersigned releasor, his/her spouse, his/her child(ren), his/her guests, legal representatives, heirs and assigns, of and from every claim, demand, action of whatever kind of nature either in law or in equity, arising from or by reason of loss, bodily injury or personal injuries known or unknown, death or property damage or damage of any kind resulting ; or to result from an incident or accident that may occur from his/her presence or participation, or his/her child(ren) presence or participation in a shooting sports event at the Johnson County Shooting Range or any activities in connection with same, and whether by any such parties' negligence or not.

The undersigned understands and acknowledges that shooting sports involve the discharge of firearms or archery equipment and that there are many hazards and dangers associated with the observation and participation in shooting sports activities. Further, the undersigned understands and acknowledges that the above-mentioned entities, their employees and officials, or otherwise, make now representation of warranties, express or implied, as to the safety training or shooting knowledge of safe firearms or archery practices of any of the participants at any event. Therefore, the undersigned assumes full responsibility for the risk of bodily injury, death, personal property damage or other loss of any kind to himself/herself, his/her spouse, his/her child(ren), his/her guest that may occur during or as a result of the observation or participation in a shooting sports event, whether such risks are foreseen or unforeseen and whether or not the same is caused by negligence of any of the above-mentioned entities, their employees and officials, or otherwise..

The undersigned further agrees to indemnify all of the above-mentioned entities, their officers, directors, shareholders, committee members, employees and each of them, from any loss damage or cost they may incur due to the undersigned's, or the undersigned's minor child(ren) 's observation or participation in a shooting sports event.

This **WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK** is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and if any portion is held invalid, it is agreed the balance shall, notwithstanding continue in full force and effect. The undersigned further states that he/she has carefully read this document and knows the contents there of and has signed this document as his/her own free act.

In witness whereof, the undersigned has executed this document on the date stated below and intends for this document to be valid until revoked in writing by same.

_____, 20____

Releasors Signature (Non-Minor/ Legal Adult)

Printed Name of Non-Minor/ Legal Adult

I HEREBY CERTIFY that I am the parent/guardian/legal custodian of the minor designated herein, and I execute this document on behalf of the minor, to **WAIVE, RELEASE, INDEMNIFY, AND ASSUME THE RISK** as described in the aforementioned paragraphs.

_____, 20____

Releasor Signature (Parent/Guardian Legal Custodian)

Printed Name of Minor

Printed Name of Parent/Guardian Legal Custodian

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for _____'s participation in any and all activities of the Johnson County 4-H 3-D Shoot, 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, 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, Johnson County 4-H, 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: (1) The tendency of an animal to behave in ways that may result in injury, harm or even death to persons on or around them; (2) The unpredictability of an animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; (3) Certain hazards such as surface and subsurface conditions; and (4) Collisions and contact with other animals or objects. 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.

Participant Signature _____ Date _____
Participant Printed Name _____ Participant Date of Birth _____

If participant is 18 years old 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 Primary Policy Holder _____
Please list any special services your child may require: _____