

Lone Wolf 4-H Archery

3D/Modified 600 Tournament

June 10, 2017

Ruddick Park

Colorado City, TX 79512

8:00 a.m. Check-In & Equipment Safety Check

9:00 a.m. Competition Begins

\$25 Registration Fee per bow

Additional \$5 for lunches available, must preorder

Outdoor 3D Course 1 arrow @ varying yardages for all ages (per 4-H rules)

Modified 600

**Junior-3 ends of 6 arrows at 30 yards, 3 ends of 6 arrows at 25 yards,
and 8 ends of 3 arrows at 20 yards; total of 60 arrows.**

**Intermediate- 3 ends of 6 arrows at 50 yards, 3 ends of 6 arrows at 40 yards,
and 8 ends of 3 arrows at 30 yards; total of 60 arrows.**

**Senior-3 ends of 6 arrows at 60 yards, 3 ends of 6 arrows at 50 yards,
and 8 ends of 3 arrows at 40 yards.**

Open to the first 75 shooters.

Entry Deadline (postmarked by) May 31, 2017

Mail Registration and Fee to:

Lone Wolf 4-H

c/o Niki Watlington

440 E 2nd St, Colorado City, TX 79512

Make Check or Money Order payable to Lone Wolf 4-H

Please include payment, registration form, 4-H Waiver

**Any Questions or concerns, please contact Audra Graves/Niki Watlington at
audra.graves@ag.tamu.edu or niki.watlington@ag.tamu.edu or 325-728-3111**

Lone Wolf 4-H Archery

3D/Modified 600 Tournament

Name: _____

Address: _____

City: _____ **Zip Code:** _____

Phone Number: _____

Birth date: _____ **County:** _____

Email Address: _____

Coach Name: _____ **Phone Number:** _____

Division:
(per school grade, as of August 31, 2016)

Age Class:
_____ Junior (3rd-5th grade)
_____ Intermediate (6th-8th grade)
_____ Senior (9th-12th grade)

Each meal comes with a
Hamburger, chips and a drink
Archers Lunch:

_____ Hamburger
_____ with Cheese
Additional Meals \$5 Each:
_____ Hamburger
_____ with Cheese

Bow Class:
_____ Bare Bow (Recurve Unaided)
_____ Recurve Aided
_____ Compound Unaided (Unaided Compound/Genesis Bow)
_____ Compound Aided

Aided is anything that aides the shooter: release, stabilizer and sights (including markings on the bow). Shooter using optical lenses will shoot under the compound aided class.

Entry Deadline (postmarked by) May 31, 2017
Make Checks or Money Orders payable to Lone Wolf 4-H
Mail Registration, fee, waiver, and meal money to:
Lone Wolf 4-H
440 E 2nd St. Clorado City, TX 79512

Tournament Rules

- These rules apply to all participants, parents and spectators.

Children under 17 years of age must be accompanied by a parent or responsible adult.

Only bullet tips and field tips will be allowed. Arrows must be appropriate spine weight for that bow.

Absolutely no sky drawing. Bows must be drawn down range towards the target.

No alcoholic beverages may be carried or consumed in the park at anytime.

Before firing an arrow be sure the area behind and around the target is clear of all living creatures and objects that could be endangered.

If you must look for a lost arrow place you bow in a front of the target or leave another shooter at the target so others will know you are behind the target.

You will have 3 minutes in which to look for lost arrows.

Shooting at any living creature is not allowed in the park at anytime.

Wait until all arrows have been shot before going down range to pull your arrows.

We will be using the universal whistle system for safety. Archers must be proficient in handling/shooting a bow as to not slow down the other archers.

A 3D shooting will be done in groups with the oldest archer responsible for helping with scoring and to make sure that everyone in the group has shot before going to the target to retrieve arrows.

Each archer will help score the arrows of the other archer. If there is a disagreement as to where an arrow is to be scored at, archers will have range commanders settle the disagreement.

No glass containers inside the park. Treat property with respect. Vandalism and theft will be prosecuted.

No rangefinders allowed, cameras and/or video cameras are welcome.

Binoculars are allowed for 3D shoot.

Decision of officials will be final.

Lone Wolf 4-H Archery Tournament

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 **Lone Wolf 4-H** held at Ruddick Park Colorado City, TX (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, City of Colorado City, and their members, officer, 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 errand projectile, 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 e 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, or those 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 nay circumstance arising from my/my child's participation in this activity or any event relate 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. BINDS HEIRS: It is my express intent that this agreement shall bind the member 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 too indemnify and indemnify and hold harmless INDEMNITEES for nay costs incurred to treat me/my child, even if an INDEMNITEES has signed hospital documentation promising to pay for the treatment due to my inability to sign 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, demand, 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 sold, 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.

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 int this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, and and in the future. I understand I can choose not to sign this document and fee myself and my child from its terms and the associated risks of the activity by further understand this a 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 _____

ParticiOpant Printed Name _____

If participant is 18 years older or younger:

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Printed Name _____

In case of emergency, contact _____

or _____

or _____

If the participant has medical insurance, please indicate:

Insurance Company _____

Name of Primary Policy Holder _____

Date _____

Participant Date of Birth _____

Date _____

Phone _____

Phone _____

Phone _____

Policy Number _____