

Henderson County 4-H 2nd Annual 3-D Archery Tournament October 29th, 2016

On Target Archery
29993 TX-64 / Canton, TX

8:30am – Check In & Equipment Check

9:30am – Shooting Begins

\$25 fee per shooter for registered 4-H Connect members (lunch included with shooter's fee)
\$35 fee for adult shooters who are coaches, parents, and/or guardians of 4-H members
Additional lunches available for spectators, \$5 each (please preorder)

Outdoor 30 target 3-D course; 1 arrow at varying yardages for all ages (per 4-H rules)
Open to the first 100 shooters!

4-H rules apply, scoring as follows: 12 points for an "inner circle" or "X" ring, 10 points for a hit in the inner "heart" area, 5 points for a hit in the "outer" ring, any other shot hitting the animal = "H" but scored as a zero (0). Bounce-outs must be mutually agreed upon with your group or it is considered a miss.

Please mark your arrows for identification purposes. All shooters and spectators are **required** to wear pants and closed toed shoes. This range takes place in a wooded area; there is poison ivy, poison oak, bugs, snakes, so please dress accordingly. Some additional suggestions; sunscreen, insect repellent, hat or cap and the possible need for water boots.

NO RANGE FINDERS; however, binoculars are allowed!

Awards will be given for 1st – 3rd in each division!
However, each archer will go home with something.

Concession stand available for lunch and snacks (see registration form for preorder)

Entry Deadline (postmarked by) October 15th, 2016

Mail registration, wavier, and fee to:
Henderson Outdoor Sports 4-H Club
c/o Jessy Parish
3305 Bogota Rd / Athens, TX 75752

Please make checks payable to Henderson Outdoor Sports 4-H Club.

Any questions or concerns, please contact
Jessy Parish (903) 681-0925
or hendersonoutdoorsports@gmail.com

Henderson County 4-H

2nd Annual 3-D Archery Tournament

Name: _____

Address: _____

City: _____ Zip Code: _____

Birthdate: _____ County: _____

E-mail: _____

Coach's Name: _____

4-H Member Categories:

School grade as of August 31st, 2016

- ____ Junior (Grades 3rd, 4th & 5th)
- ____ Intermediate (Grades 6th, 7th & 8th)
- ____ Senior (Grades 9th, 10th, 11th & 12th)
- ____ Adult

Bow Classes:

- ____ Barebow (Recurve Unaided)
- ____ Recurve Aided
- ____ Compound Unaided
- ____ Compound Aided
- ____ NASP (no adults)

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

Each meal comes with a hamburger, chip and drink.

Archer's Lunch:

- ____ Hamburger
- ____ Cheeseburger

Additional Meal (\$5.00 each)

- ____ Hamburger
- ____ Cheeseburger

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RANGE RULES

These rules apply to all members, guests, and visitors.

- Children under 17 years of age must be accompanied by a parent or responsible adult.
- Broadheads and firearms are not allowed on the range at any time.
- No smoking allowed on the range (only in the parking lot).
- No alcoholic beverages may be carried on or consumed on the range at any time.
- No glass containers.
- No rangefinders allowed at competitive events.
- Cameras and/or video cameras are welcome.
- Absolutely no sky drawing. Bows must be drawn down range towards the target.
- 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.
- Hunting or shooting at any living creature is not allowed on the range or property at any time.
- Wait until all arrows have been shot before going down range to pull your arrows.
- If you must look for a lost arrow place your bow in front of the target or leave another shooter at the target, so others will know you are behind the target.
- Be considerate of other shooters and guests.
- Vulgar or profane behavior will not be tolerated.
- Treat the property with respect.
- Vandalism and theft will be prosecuted.
- Spectators and friends are welcome.
- Please leave pets at home.
- Let everyone have fun.

**Henderson Outdoor Sports 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 **Henderson Outdoor Sports 4-H Club** held at On Target Archery in Canton, 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, 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 _____