

Bosque Bullseyes

Annual Indoor Archery Tournament



Date: Saturday, December 10, 2016

Check-in: Opens 8:00 am

Start Time: 9:00 am—First Flight; 11:30am—Second Flight; 2:00pm—Third Flight

Location: Clifton Armory – 400 East 2nd, Clifton, Texas

Entry Deadline: Entries must be postmarked by Saturday, December 3, 2016

Entry Fee: \$20.00

This tournament is open to children (3 grade and up) and adults. FITA rules will be followed. Each flight is limited to 40 shooter. We will fill the first two flights then open the third flight if there are enough shooters.

Juniors: 10 yard targets

Intermediates/Seniors: 20 yard targets

Adults: 20 yard Vegas style 3 spot

10 ends of 3 arrows each at 10 or 20 yards, as stated above.

Equipment will be checked at the door.

Please have all bows and arrows marked with your initials.

Arrive early to check in.

A concession stand will be available – food, drinks, and snacks

For more information, contact Tammie Vineyard at 254.435.2331

Please note the following!

4-H archery safety rules must be observed: <http://texas4-h.tamu.edu/shootingsports>

There will be no sky-drawing allowed.

All nocked arrows must be pointed down-range at all times.

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.

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Bosque Bullseyes Annual Indoor Archery Tournament
December 10, 2016



Name: _____ County: _____
Address: _____ Phone: _____
_____, TX _____ Birth Date: _____
E-mail: _____

Check Division: _____ Junior (3rd-5th grade)* _____ Intermediate (6th-8th grade)*
_____ Senior (9th-12th grade)* _____ Adult
*As of August 31, 2016

Check Class: _____ Recurve – Aided
_____ Recurve – Unaided (Barebow)
_____ Compound –Aided
_____ Compound –Unaided



Flight: _____ First _____ Second

Once a flight is full, participants will be placed into the next flight even if you have chosen a differently. First come first serve. So get your entries in early. Once the first 2 have been filled then we will begin to fill the third. You will be notified if your flight changes.

I hereby give my permission for my child to participate in this event and will not hold Texas A&M AgriLife – District 8 - Bosque County liable for any accident.

(Parent/Guardian Signature) _____ (Date)

(Participant Signature) _____ (Date)

Make checks payable to: Bosque Bullseyes
Mail entry form, waiver, and \$20 entry fee to:

Bosque County AgriLife Extension
104 South Fuller
Meridian, Texas 76665

ENTRIES MUST BE POSTMARKED BY: December 3, 2016

Extension programs serve people of all ages regardless of socioeconomic level, race, color, religion, disability or national origin.
In cooperation with the United States Department of Agriculture and the County Commissioners Courts of Texas Cooperating

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of **Bosque County 4-H Archery Tournament**, which is sponsored by **Texas A&M AgriLife Extension Service, Texas 4-H and Youth Development Program, Bosque County 4-H, and Bosque County Extension**, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, Bosque County 4-H, Bosque County Extension, 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.

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 all events and activities, and 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.**

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.

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.

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.

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.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

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 (if none, write "none"):

Insurance Company _____ Policy Number _____
Name of Primary Policy Holder _____

Please list any special services your child may require: _____