



Please join us for a Bosque County 4-H Archery Invitational Tournament

Who:
Eligible 4-H Archers

When:
April 9, 2011
(flight times will be determined by number of archers participating)

Where:
Clifton Armory; 400 East 2nd, Clifton, Texas

*A concession stand will be available.
(Pizza and Hot Dogs)*



A coach's shoot will be held during final scoring

April 9, 2011

Bosque County 4-H Archery Invitational Tournament

Name: _____ County: _____

Address: _____

Phone: _____ Birth Date: _____

Email: _____ Coach's Name: _____

Division: _____ Junior (8-10 years)*
 _____ Intermediate (11-13 years)*
 _____ Senior (14-18 years) *

*As of August 31, 2010

Class: _____ Recurve Barebow – Ladies
 _____ Recurve Barebow – Gentlemen
 _____ Compound Barebow– Ladies
 _____ Compound Barebow – Gentlemen
 _____ Recurve Aided – Ladies
 _____ Recurve Aided – Gentlemen
 _____ Compound Aided – Ladies
 _____ Compound Aided – Gentlemen



Is this your first time to participate in an Archery Tournament? _____ yes _____ no

I hereby give my permission for my child to participate in this event and will not hold Texas AgriLife Extension Service (Bosque County, District 8, or Texas) or Texas 4-H & Youth Development Program (Bosque County, District 8 or Texas) for any accident.

Parent Signature

Date

Participant Signature

Date

Please mail both entry forms and \$12 entry fee to:

Brian Arnold
 390 Doe Run
 Crawford, TX 76638

ENTRIES MUST BE POSTMARKED BY: Friday, March 25, 2011

Bosque County 4-H Archery Invitational Tournament

Date: Saturday, April 9, 2011
Check-in: 8:30am
Start Time: 9:00am



Location: Clifton Armory; 400 East 2nd, Clifton, Texas
Deadline: March 25, 2011

A concession stand will be available.

This tournament is only open to District 8 4-H members. FITA rules will be followed. If more than 44 archers register for the tournament, we will have to divide into two shooting times. Information on flight times and age divisions will be sent via email after April 1.

**** Coaches, bring your bows! A coach's shoot will be held during final scoring. ****

Juniors and 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 bows and arrows marked with your initials.
Arrive early to check in.

For more information, please contact Robert Senter at 254-597-0296 or Brian Arnold at 254-709-8765.

Please Note the Following!

Archery safety rules must be observed.
A summary of 4-H archery rules can be found on this website:
<http://texas4-h.tamu.edu/youth/shootingsports/index.php#Rules>

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.

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission for _____'s participation in any and all activities of **Bosque County 4-H Archery Invitational Tournament**, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, Jonesboro 4-H Archery Club, Coryell County 4-H, 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: (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 _____
<i>If participant is 18 years old or younger:</i>	
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: _____	