

2017 Archer County 4-H White Tail Tune-up 3-D & Field Archery Tournament September 16, 2017



*Where: Archer County Shooting Complex
Archer City, TX 76351*

(Please refer to map.)

8:00 AM Check-In & Equipment Safety Check

8:30 AM Competition Begins

\$30 Registration Fee per bow (including adults)
(\$40 for onsite registration)

Entry Deadline (postmarked by) September 8th, 2017

Adults welcome!

Kids and adults can come practice their skills right before the season starts. We are offering an outdoor 3D Course 1 arrow @ varying yardages for all ages (per 4-H rules), and Field target 4 arrows per target.

Rules are set forth by the Archer County 4-H Archery Club. Please mark your arrows for identification purposes. All shooters are required to wear pants and closed toed shoes. Please dress accordingly. Some suggestions: sunscreen, insect repellent, hat or cap. Range finders and binoculars are **allowed**. Awards will be given for 1st-3rd in each division; however each archer will go home with something.

We will have a concession stand with Pulled pork sandwich and a drink for \$7.00.

Please pre-order your lunches with registration.

We will have a raffle the day of tournament. Tickets will be drawn while scores are being calculated.

For more information, contact: Patricia Vieth at 940-631-3471 email: pakaredge@aol.com

Educational programs of the Texas A&M AgriLife Extension Service are open to all people without regard to race, color, religion, sex, national origin, age, disability, genetic information or veteran status. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Court of Texas



Archer County 4-H 3-D/Field Archery Tournament

Name: _____

Birthdate: _____ County: _____

Email Address: _____

Coach Name: _____

Ages are by 4-H age, as of August 31st, 2017.

Age Class:

___ Junior

___ Intermediate

___ Senior

___ Adult

Bow Class:

_____ Bare Bow (Recurve Unaided)

_____ Recurve Aided

_____ Compound Unaided

_____ Compound Aided

Aided is anything that aides the shooter: release, stabilizer, sights and lenses (including markings on the bow).

\$ _____ Bow (\$30.00 per bow)

\$ _____ =Meals x \$7.00 each = # _____ meals (included in registration)

\$ _____ Total Paid

Entry Deadline (postmarked by) September 8th, 2017

Mail Registration and fee to:

Archer County 4-H Archery, PO Box 580, Archer City, Tx 76351

Please make checks payable to Archer County 4-H Archery Club. Please include payment, registration form and 4-H Waiver

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RANGE RULES - These Rules apply to all members, guests, and visitors.

1. Children under 17 years of age must be accompanied by a parent or responsible adult.
2. Broadheads and firearms are not allowed on the range at any time.
3. Absolutely no sky drawing. Bows must be drawn down range towards the target.
4. No alcoholic beverages may be carried on or consumed on the range at any time.
5. 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.
6. 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.
7. Hunting or shooting at any living creature is not allowed on the range or property at any time.
8. Wait until all arrows have been shot before going down range to pull your arrows.
9. No glass containers.
10. No smoking allowed on the range (only in the parking lot).
11. Be considerate of other shooters and guests.
12. Treat the property with respect. Vandalism and theft will be prosecuted.
13. Always think and shoot safely. Let everyone have fun.
14. There are women and children participating at our events. Vulgar or profane behavior will not be tolerated.
15. Rangefinders are allowed at this event.
16. Cameras and/or video cameras are welcome.
17. Spectators and friends are welcome. Please leave pets at home.

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Archer County Shooting Sports Complex

Directions:

From Archer City Red light travel 1/2 mile south on Hwy 79 aka South Center Street. Turn Right onto West South Street. Range is 3/4 mile from Hwy 79 intersection. Go all the way down South Street and go over the Archer City Lake Dam. Follow around you will see a green gate, go through gate follow road and you will come to the Complex. Address is: 1000 West South Street, Archer City, Texas 76351. **Follow signs.**

2016-2017 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name 2017 Archer County 4-H White Tail Tune-up

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of **Texas 4-H** (herein referred to as "camp"), which is sponsored by **Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program**, (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, The Texas A&M University System and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, Archer County Shooting sports 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 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.**

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.

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

SIGNED this _____ day of _____, 20_____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

