

3rd Annual Bosque Bullseyes 3-D Archery Tournament



Date: Saturday, May 30, 2020

7:00am – 8:00am: Check in & practice range available

8:00am – Practice Range CLOSED

8:00am: Orientation & Safety Meeting

8:45am: Shotgun Start

NEW Location: High Caliber Ranch - 4596 East Middle Bosque, Valley Mills Tx, 76689

See Attached Map

Entry Fee - \$25 Youth 4-H Members (lunch included with entry)

\$30 Adult 4-H Members (lunch included with entry)

\$35 NON 4-H Members (lunch included with entry)

Additional lunches available for spectators, \$5 each (please pre-order below)



LUNCH
Pulled Pork
Sandwiches
Chips & Drink

Participants will shoot 20 3D targets:

Rangefinders will be allowed, or distances provided for participants

Long Shot Contest for all Divisions

Youth Long Shot – Prize for each division

Adults Long Shot – 3 arrows for \$5 (no limit) winner takes half money

Juniors: will shoot maximum of **15 yards.** (intermediate barebow shooters)

Junior barebow shooters: will shoot maximum of **10 yards**

Intermediates: will shoot maximum of **25 yards** (senior and adult barebow shooters)

Seniors: will shoot maximum of **35 yards**

Adult Men: will shoot a maximum of **45 yards**

Adult Women: will shoot a maximum of **35 yards**

Divisions:

Junior: Grades 3rd – 5th

Intermediate: Grades 6th – 8th

Senior: Grades 9th – 12th

Classes - Ladies & Gentleman

Barebow: Conventional Long bow or recurve

Compound Unaided: Conventional designed compound bow with **NO accessories** allowed except a 10" or smaller stabilizer. **Class includes genesis bows.**

Compound: Conventional designed compound bow with any accessory and **fixed pin sights.**

Compound Open: Compound with any accessory **including magnified sights.**

Equipment will be checked at registration:

Please have your arrows marked for identification

Arrive early to check in.

For more information, contact Marc Arnold at 254-435-2331 or 254-978-0942 (cell).

Please note the following!

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



TEXAS A&M
AGRI LIFE
EXTENSION



**Bosque County 4-H 3D
Archery Tournament
May 30, 2020**



Name: _____ 4-H Member: Yes No

Address: _____ Phone: _____

Check Division: _____ Junior 3rd – 5th grade
_____ Intermediate 6th – 8th graders
_____ Senior 9th – 12th graders
_____ Adult

Check Class: _____ Recurve/Bare Bow
_____ Compound Unaided
_____ Compound (pins only)
_____ Compound Open (magnifying lens)

Check Gender: _____ Ladies
_____ Gentleman

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

(Parent/Guardian Signature)

(Date)

(Participant Signature)

(Date)

Make checks payable to - Bosque Bullseyes
Mail complete entry form, waiver, and entry fee to:

Bosque Bullseyes
104 South Fuller
Meridian, Texas 76665

Tournament Limited to 100 Entries

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: _____

