



Madison County 4-H Archery Indoor Invitational Tournament

When:	February 18, 2017
Location:	Archery World (5 miles North of Madisonville on I-45)
Entry Fee:	\$20
Check in:	8:00a.m. (morning shooters) and 12:00 (afternoon shooters)
Orientation:	8:45a.m. (morning shooters) and 12:45p.m. (afternoon shooters)
Start Times:	9:00a.m. (morning shooters) and 1:00p.m. (afternoon shooters)

Entry Deadline: February 13, 2017

This tournament is only open to 4-H members. Traditional bow shooters will compete on the 60 cm FITA face, and all compound bow shooters will compete on the 40 cm FITA face.

Only junior class will shoot at 10 yds.

All other archers will shoot at 20 Yard Targets

20 Ends of 3 Arrows with a short break between the 10th and 11th End.

There will be two shooting times, the first group will check-in at 8:00a.m., then have an 8:45a.m. orientation and start shooting at 9:00a.m.. The second group will have a 12:00 check-in, 12:45p.m. orientation and start shooting at 1:00p.m. Trophies will be awarded after the tournament. There are shooting slots available for 48 shooters for each start time. Please specify if you prefer morning or afternoon. Slots will be reserved on a first come, first serve basis as we receive EntryForms.

Please note the following:

- FITA rules for indoor archery will be followed
- Archery Safety rules must be observed.
- A summary of 4H archery rules can be found on this website: <http://shootingsports.tamu.edu/>
- 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.
- Only shooters will be allowed in the first few rows behind the line. Families and coaches are asked not to sit here.
- Equipment will be checked at the door. Please have all arrows and bows marked clearly with your initials.

A Concession Stand will be available throughout the day.

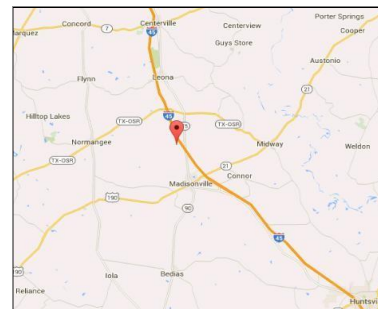
Directions:

From Houston: Take I-45 North exit 146; take left on 75, go under the freeway and take a right on service road. Archery World is a mile down the road on the left.

From Dallas: Take I-45 South exit 146; take a right on service road as soon as you exit off of the freeway. Archery World is a mile down the road on the left.

For more information, please contact:

Joshua Schwarz, 4-H Archery Instructor @ 936-348-4752
Alex Cannon, 4-H Archery Instructor @ 936-348-0266
Doug Sanford, 4-H Archery Instructor @ 936-348-8936
Mark Trichel, 4-H Archery Instructor @ 936-348-4218
Gene King, 4-H Archery Instructor @ 936-348-4729



ARCHERY

Entry Form

Madison County 4-H Archery Tournament February 18th, 2017

*Name: _____ *County: _____

*Address: _____

Phone: _____ *Birth Date: _____

*Email: _____

Division: _____ Junior (3rd-5th Grade) _____ Preferred Start Time: _____ Morning
_____ Intermediate (6th-8th Grade) _____ Afternoon
_____ Senior (9th-12th Grade)

Class: _____ Compound Aided
_____ Compound Unaided
_____ Traditional

I hereby give my permission for my child to participate in this event and will not hold Texas AgriLife Extension Service - District 9 liable for any accident.

*Parent Signature _____ Date _____

*Participant Signature _____ Date _____

Make checks payable to Madison County 4-H Archery

Please mail the Entry Form, Waiver and \$20 entry fee to:

Archery World
5541 I-45 North
Madisonville TX, 75864

ENTRIES MUST BE POSTMARKED BY: Friday, February 13, 2017



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. **EXCULPATORY CLAUSE.** In consideration for receiving permission for _____'s participation in any and all activities **Madison County 4-H Indoor Invitational Archery Contest**, 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, 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 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 for 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 _____
<i>If participant is 18 years older or younger:</i>	
Parent/Legal Guardian Signature Parent/Legal _____	Date _____
Guardian Printed Name In case of emergency, _____	Phone _____
contact _____	Phone _____
or _____	Phone _____
or _____	Phone _____

If the participant has medical insurance, please indicate:

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

Please list any special services your child may require:

