



Waller County Sharp Shooters 3D Archery Shoot

When: August 20, 2011
Contact: Todd DePenning
Check in: 8:00 – 8:30 AM
Email: ttdpz@yahoo.com
Orientation: 8:30 AM
Cell: 281-772-9356
Start Time: 9:00 AM
Where: Waller County Fairgrounds, FM359, Hempstead, Texas

Deadline for registration: August 12, 2011

Ages are per 4H age rules. August 31, 2010. This tournament is open to all kids and adults.

The Kids will shoot first and then the adults will follow. There will be a brief intermission between the kids group and the adults group.

25 Target 3D course

Range unknown up to:

Juniors: 8 – 10	20 Yards maximum
Intermediates: 11 – 13	25 Yards maximum
Seniors (1, 2): 14 – 15, 16 – 18	30 Yards maximum
Adults: 19 - Up	40 Yards maximum

Kids can enter the adult class also.

Equipment will be checked at the door. Please have all arrows and bows clearly marked with your initials. Orientation will start at 8:30 for all shooters to cover safety, rules, and scoring procedures.

A lunch will be provided in an air conditioned building.

Trophies will be awarded for 1st thru 4th place in each class and division.

Binoculars or other similar visual aids may be used for viewing the targets. **NO RANGE FINDERS OR ELECTRONICS ALLOWED.**

ASA Scoring: 12, 10, 8, 5

Equipment Classes:

Bare-bow:	No sighting devices, release aids, etc.
Re-curve Aided:	Sights pin or magnifiers, stabilizers, release aids
Re-curve unaided:	Fixed single pin sight or multiple pin hunting style sight. Finger glove or tab, stabilizer less than 5" long, no side stabilizers
Compound Aided:	Release aids, optical sights, pin sights, all stabilizers
Compound Unaided:	Multiple pin hunting style sights, finger glove or tab, stabilizers less than 5" long, no optical sights, no release aids, and no side stabilizers

This is an outdoor event in the woods. Wear long pants, sleeved shirts, no open toed shoes.



Waller County Sharp Shooters 3D Archery Shoot

August 20, 2011

Name _____ County _____

Address _____ Phone _____

City/State/Zip _____ Birthdate _____

Email _____

Check Division and Class:

_____ Junior (8–10 years old)*

_____ Intermediate (11-13 years old)*

_____ Senior 1 (14-15 years old)*

_____ Senior 2 (16-18 years old)*

*As of August 31, 2010

_____ Adults

Male

Female

_____ BareBow

_____ Recurve Aided

_____ Recurve Unaided

_____ Compound Aided

_____ Compound Unaided

I hereby give my permission for my child to participate in this event and will not hold harmless Waller County Sharp Shooters Waller, County Fair Association and anybody else involved in helping with this event.

Participant

Date

Parent or Guardian (if applicable)

Date

Mail Entry Forms and \$20 to:

Or Email ttdpz@yahoo.com

Waller County Sharp Shooters
 38067 Canty Rd
 Hempstead, TX 77445

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. At the practice range, shoot only from the marked static line and only at the target in front of you. Do not shoot across other lanes.
9. Wait until all arrows have been shot before going down range to pull your arrows.
10. No glass containers.
11. No open fires.
12. Be considerate of other shooters and guests.
13. Treat the property with respect. Vandalism and theft will be prosecuted.
14. Always think and shoot safely. Let everyone have fun.
15. There are women and children participating at our events. Vulgar or profane behavior will not be tolerated.
16. No rangefinders allowed at competitive events.
17. Cameras and/or video cameras are welcome.
18. Spectators and friends are welcome. Please leave pets at home.
19. Long pants and closed toe shoes required on the 3D course.

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for _____

_____ 's participation in any and all activities of

Waller County Sharp Shooters 3D Shoot. I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, Waller County Sharp Shooters, Waller County Fair Association, Waller 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 errant projectiles, target pieces, ricochets, venomous snakes, insects and arachnids, as well as moving vehicles, and I choose to voluntarily participate/allow my child to participate in such activity with full knowledge that the activity may be hazardous to me, my child and my property and to the person or property of others. I acknowledge that 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.

EXECUTED this _____ day of _____, 20 _____

Participant's Signature

Participant's Printed Name

Parent/Guardian Signature (if Applicable)

Parent/Guardian Printed Name