



Mountrail Co. 4-H & Rolling Plains

SHOOTING SPORTS PROGRAM



Youth Archery Registration Form

& Parents or Guardians Agreement Waiver of Liability

Indemnification, Medical Release, & Informed Consent Form

All forms & fees are due no later than first day of participation. Pre-Registration required by contacting heather.tomlinson@ndsu.edu or (701) 628-2835 Ext.1

The undersigned parent and natural guardian or legal guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in North Dakota 4-H & Rolling Plains Shooting Sports. Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

- A. Waive, release and discharge the State of North Dakota, NDSU Extension/4-H Program, Rolling Plains Sportsmen’s Club, and its officers, agents, employees and volunteers from any and all liability for participant’s death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate; and
- B. Indemnify and hold harmless the State of North Dakota, NDSU Extension/4-H Program, Rolling Plains Sportsman’s Club, and its officers, agents, employees and volunteers from and against any and all liabilities, damages, expenses and claims made by other individuals or entities as a result of participant’s participation or actions during this activity or event.
- C. Understand and be aware of the sporting equipment involved, circumstances of its use and consequences of its misuse. I understand the risks involved and potential dangers if safety is not followed.
- D. Understand and be aware that my child from time to time will be touched, moved and held in a manner to assist positioning, balance, comfort and provide continuity in curriculum training for all discipline being taught.
- E. Understand that I may provide added coverage for accident and liability at my own expense.
- F. Give consent and permission for the below named minors to temporarily possess fire arms, hand guns, bows, arrows & ammunition needed for the shooting sports events they are participating within.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed advisable in the event of injury, accident or illness during this activity or event. The undersigned also certifies that participant is covered by the following health insurance policy. This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above release.

Circle One

_____	_____	_____	4-H Member?
Name of Minor/Youth Participant	Age	Grade	Yes / No
_____	_____	_____	4-H Member?
Name of Minor/Youth Participant	Age	Grade	Yes / No
_____	_____	_____	4-H Member?
Name of Minor/Youth Participant	Age	Grade	Yes / No
_____	_____	_____	
Medical Insurance Company		Policy #	

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Telephone Number

Email

Date