



University of Idaho 4-H Youth Development



University of Idaho  
Extension

March 11, 2023

Twin Falls, ID

Training offered in the following discipline:

## Rifle

(A minimum of 5 participants in a discipline are needed for that discipline to be held)

This statewide leader training and certification will support the State 4-H Policy regarding the 4-H Shooting Sports instructors in Idaho. The policy states that Idaho 4-H Shooting Sports instructors on the county level must:

- Be at least 21 years of age (18 years for assistant instructors)
- Be screened, trained and appointed as a current 4-H volunteer through their local County Extension Office.
- Successfully complete instructor discipline training administered/sanctioned through the University of Idaho 4-H Youth Development Office.
- Be trained and certified in any discipline(s) that they are teaching at the county level.
- Participants must attend the entire training and successfully complete all aspects to receive their respective discipline certification.

## Training Venue & Schedule

**Location:** Twin Falls County Fair Grounds  
215 Fair Ave., Filer, ID

### **Schedule:**

**Prior to March 11<sup>th</sup>:** Complete all four Youth Development/Risk Management online modules / print & bring completion certificate  
*(You will receive an e-mail confirming your registration which includes the link and code for doing these modules)*

### **Saturday, March 11, 2023**

8:00 am – 12:00 Noon	Welcome; transition into rifle discipline instruction
12:00 Noon – 12:30 pm	Lunch (provided)
12:30 – 5:00 pm	Continue discipline instruction, and practicum
5:00 pm – 5:30 pm	Wrap-up, evaluation and discipline recognition

**Registration:** (includes facilities, instructor travel costs, online module costs, light breakfast, lunch, refreshments and printed materials)

**Fee:** \$75/participant

Make checks payable to: **UI Twin Falls County Extension**

**Deadline:** Registration form, release forms and fees must be received by Friday, February 17<sup>th</sup> at 5:00 PM (see forms on next pages)

**Send to:** Tina Miller, 4-H Extension Educator  
630 Addison Ave. W, Suite 1600  
Twin Falls, ID 83301

### **Directions from Interstate 84 to:**

#### **Twin Falls County Extension:**

Take Hwy 93 (Exit 173) and proceed south into Twin Falls. At the second light (McDonald's), turn right onto Poleline Road heading west. Follow Poleline/93 for 6.8 miles (inc. curve onto N 2400 E), then turn right on E 4000 N. Go west for 1.5 miles and turn left onto N 2250 E going south. In one-half mile cross over E 3950 N, then take first left into Fairgrounds (Main St), then take the first street to right (or follow signs to parking for the Youth Building).

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University of Idaho 4-H Youth Development Shooting Sports Training

March 11, 2023 – Rifle

Twin Falls, ID

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COUNTY (where enrolled as a 4-H volunteer): \_\_\_\_\_

Yes /  No I give permission to share my contact information with the instructors and other workshop participants.

*Note: Any certification requires completion of the four Youth Development/Risk Management online modules.*

Registration Fee: **\$75.00**

Make checks payable to: **UI Twin Falls County Extension**

*Note: space is limited; registrations taken on a first-come, first-serve basis until that discipline class is filled.*

Dietary Request/Restrictions:

Vegetarian meals

Other (food allergies, etc.) \_\_\_\_\_

Make sure to return this registration form and the liability releases (on next two pages) by **February 17, 2023** to:

Tina Miller, 4-H Extension Educator  
University of Idaho Extension-Twin Falls County  
630 Addison Ave. W., Suite 1600  
Twin Falls, ID 83301

Phone (208) 734-9590

Email: [tdickard@uidaho.edu](mailto:tdickard@uidaho.edu)

*For questions about training location, logistics, contact Tina Miller at 208-734-9590 or [tdickard@uidaho.edu](mailto:tdickard@uidaho.edu).*

*For questions about specific certification requirements, discipline questions, contact*

*Jim Wilson, University of Idaho Extension 4-H Shooting Sports Coordinator*

*208-292-1401*

*[jwilson@uidaho.edu](mailto:jwilson@uidaho.edu)*

*Persons with disabilities have the right to request and receive reasonable accommodations. Please complete and submit the form found at [reasonable-accommodation-for-4-h-parent-complete.pdf \(uidaho.edu\)](#) to assist in evaluating the reasonable accommodation request no later than February 3, 2023. Accommodation applications cannot be approved without supporting documentation. Submit the request form found in the link above along with supporting documentation to Center for Disability Access and Resources 875 Perimeter Drive Moscow, ID 83844-4257 [cdar@uidaho.edu](mailto:cdar@uidaho.edu) Phone 208-885-6307, Fax 208-885-9404*

**University of Idaho 4-H Shooting Sports  
Registration / Permission Waiver**

*Signatures on back of page are required prior to participation in the Activity.*

Name:	(First)	(Last)	(Age)	(Gender)
Address:	(Street)	(City)	(State)	(Zip)
Phone:	(Home)	(Cell)	Email:	
Primary Emergency Contact:	(Name)	(Relationship)		
Phone:	(Work)	(Home)	(Cell)	
Back-up Emergency Contact:	(Name)	(Relationship)		
Phone:	(Work)	(Home)	(Cell)	
Medical Insurance:	(Company)	(Policy #)		
<p><b>PLEASE NOTE:</b> Hospitals require proof of coverage before providing treatment unless a life threatening situation exists. It is suggested that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident / illness policy while participating in activities sponsored by our Activity. In the event of injury or illness arising from participation in the Activity, American Income Life must be notified within 20 days of the date of the illness or injury. The Activity staff will have information on filing claims. <b>Insurance provided through American Income Life provides only limited protection for injuries or illnesses that occur while participants are participating in the Activity, and the participant's family is responsible for all medical expenses not covered by Activity insurance.</b></p>				

**Acknowledgement of Risk and Waiver of Liability  
Parent/Guardian Permission**

*Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to 4H Activity Advisors. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.*

I, the undersigned participant or parent/guardian, am aware that participation in 4H Shooting Sports ("Activity") may include activities that are risky and dangerous. Both participant and his/her parent(s) / guardian(s) ("I") acknowledge and accept the risks and give permission for my participation in the Activity. I acknowledge that participation in this Activity has the following non-exhaustive list of particular activities that **bear risk and danger and from which severe bodily injury to myself, or my child, including without limitation blindness, paralysis and death** from gunshots, may occur: shooting sport activities, including but not limited to use and/or operation, by myself or others with varying skill levels, of rifles, pistols, air guns, ammunition, and reloading equipment and supplies; physical activities, while on campus or off, that may involve strenuous exertion that could place stress on cardiovascular and/or musculo-skeletal systems including but not limited to assuming shooting positions and postures, lifting, and bending; exposure to inclement weather including, but not limited to rain, sun, wind, snow, ice, and extremes of heat or cold; activities supplemental to the Activity, such as walking or hiking to and from sites of interest; field trips; contact with dangerous animals, poisonous plants, insects and environmental or biological hazards; risks related to transit to or from the Activity locations including but not limited to travel by bus, van, private or rented auto; use of facilities, roads, sidewalks, parking lots, and trails that may or may not be properly maintained; exposure to contaminated food and untreated water; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependent to participate in the Activity, **I and my dependent hereby voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in any activities related to the above-named Activity.**

*This form continues on the back of this page.*

**INITIAL PAGE 1 HERE:**

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns and all members of my family. The venue of any dispute that may arise out of my or my dependent's participation in the Activity, if the University is a party to the dispute, shall be in Latah County, Idaho.

I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from any Activity site, or if I am a passenger in such a vehicle, the University is not responsible for any damage or injury caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled Activity, regardless if occurring before, during or after the period of the Activity. I acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which I may travel, or with respect to the qualifications of the driver of any personally owned vehicle. I understand that if I choose to travel in a personally owned vehicle, it is my responsibility to determine the safety of the vehicle and qualifications of the driver.

I hereby certify that, with or without accommodation, I and/or my dependent is in good health and I know of no medical reason why I/he/she is not able to participate in this Activity. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries or illness that I/he/she may sustain while participating in any activity associated with the above named Activity.

**I understand that any insurance provided through this Activity provides only limited protection for injuries that occur while participating and that I am responsible for all medical expenses not covered by Activity insurance. Activity insurance is provided by an American Income Life camp accident policy.**

**If my dependent has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, I will contact Disability Support Services (208) 885-6307 at least one week (7 days) prior to the start of the Activity.**

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at <http://www.webs.uidaho.edu/fsh/2300.html>; the behavioral expectations of the Activity; and all applicable city, state and federal laws. My failure to do so may be considered grounds for denying my/my dependent's participation in the Activity.

I agree that you may photograph or video me or my child during, and in connection with, the Activity. I agree that you shall be the exclusive owner of all images and all copyright and other rights in the images. I agree that you may use any image in any media you wish related to the University of Idaho. **If you DO NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES YOU OR YOUR CHILD, CHECK HERE ( ).**

I ( ) do ( ) do not **(please check one)** authorize the University of Idaho to use my or my child's/dependent's contact information to inform me/him/her of upcoming university events and activities.

**Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.**

<b>PARTICIPANT'S SIGNATURE</b>
Participant's Name (PLEASE PRINT):
Participant's Signature: X
Date:

<b>PARENT(S) / GUARDIAN(S) SIGNATURE</b>
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature: X
Date: