Name: ___________________________________________  Age (on 1/1/19): _________

Email: ___________________________________________  Cell phone (# for day of event): ___________________

County (where enrolled): __________________________  Coach/Leader Name: _______________________________

Parent Name: _____________________________________  Home Phone: _______________________________

**Age Division** (age as of January 1, 2019):

- [ ] Junior (8-10)   
- [ ] Intermediate (11-13)  
- [ ] Senior (14-18)

**Disciplines:**

**Saturday, June 1st**

- [ ] Archery - Compound Bow ($25 early / $35 late)  
  FITA and 3D

- [ ] Archery – Recurve/Longbow ($25 early / $35 late)  
  FITA and 3D

- [ ] Rifle – .177 cal. air ($25 early / $35 late)  
  NRA 3 Position and Silhouette

- [ ] Rifle – 22 cal. smallbore ($25 early / $35 late) 
  3 Position and CMP Rimfire Sporter

**Equipment Check-ins:**

- [ ] Saturday, June 1, 8am  
  9:30 Start Time

**Registration:** *(No registrations accepted if postmarked after May 24, 2019)*

- Participant T-Shirt  
  Select Size: ___ YS / ___ YM / ___ YL / ___ AS / ___ AM / ___ AL / ___ AXL  
  (Sorry, no late orders)

- Early Registrations *(postmarked by May 17, 2019)* – total of discipline early fees above $ _____________

- Late Registration *(postmarked May 17 to May 24, 2019)* – total of discipline late fees above $ _____________

  Total Fees $ _____________

Make checks out to Fremont County 4-H & Mail checks and registration forms to:

**Fremont County 4-H**  
**19 W 1st N**  
**St. Anthony, ID 83445**

*Note: Concessions will be available on-site for contestants, officials and spectators*

**Permission/Medical Release:**

I give permission for my child to participate in this Idaho 4-H Shooting Sports Contest. I’ve signed all appropriate waivers with their 4HOnline registration. I grant permission for medical treatment if my child is injured.

Parent signature ___________________________________________  Date ______________________

**Extension Verification:**

I verify this member is currently enrolled in each of the 4-H Shooting Sports discipline(s) being entered, and thus eligible to participate.

Extension signature ___________________________________________  Date ______________________

To enrich education through diversity the University of Idaho is an equal opportunity/affirmative action employer and educational institution. Persons with disabilities who require alternative means for communication or program information or reasonable accommodations need to contact Dana Miller, 208-624-3102, by May 28, 2019.
Insurance info

Emergency contact(s)

School & City

Phone

Address

Activity

4-H Program, along with any and all associated activities, events, clinics or classes conducted by the University of Idaho (UI) in conjunction therewith.

<table>
<thead>
<tr>
<th>Name of Participant</th>
<th>(First)</th>
<th>(Last)</th>
<th>(Age)</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>(Street)</td>
<td>(City, State, Zip)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>(Home)</td>
<td>(E-mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School &amp; City</td>
<td>(School)</td>
<td>(City)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Emergency contact(s)

<table>
<thead>
<tr>
<th>NAME:</th>
<th>(Relationship)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONES: WORK:</td>
<td>HOME: CELL:</td>
</tr>
<tr>
<td>NAME: (if needed)</td>
<td>(Relationship)</td>
</tr>
<tr>
<td>PHONES: WORK:</td>
<td>HOME: CELL:</td>
</tr>
</tbody>
</table>

PLEASE NOTE: Hospitals require proof of coverage before providing treatment unless a life threatening situation exists. Members of the general public, including family of a 4-H participant, are responsible for all medical expenses.

Acknowledgement of Risk and Waiver of Liability

Both participants and a parent or guardian of participants 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 Activity Coordinators. If a participant is under the age of 18, this form must be signed by the participant AND by a parent or legal guardian of the participant. The term “undersigned” when used herein shall include the both the participant and the custodial parent/guardian signing at the end of this document unless such term is qualified to mean one or the other. The term “Activity” or “Activities” means the 4-H Program, along with any and all associated activities, events, clinics or classes conducted by the University of Idaho (UI) in conjunction therewith.

The undersigned acknowledge that they are aware that participation in an Activity or in Activities as well as any or all University of Idaho activities, events, clinics and classes associated therewith, may include activities that are risky and dangerous, which may include, but not be limited to, risks of injury, illness or death arising out of Activities involving animals, whether wild, domestic or feral; exposure to weather conditions, such as heat, cold, rain, snow, ice, hail, lightning, wind or other weather events; hazards from deserts, forests, mountains, canyons, lakes, rivers, streams, urban, suburban or rural places or other areas where the Activities occur; forces of nature or Acts of God, such as fire, earthquake, avalanche, rockfall, flood, falling trees, poisonous plants or other occurrences; recreational or educational activities, such as archery, orienteering, skiing, swimming, biking, canoeing, kayaking, fishing, hiking, camping, shooting, horseback riding, operation of, or being a passenger in, or observer of motorized vehicles, crafts, hobbies, courses, events, clinics or other activities; the use of tools, instruments, machinery, equipment or other items associated with the Activities, or food, drink, lodging or travel to, during, from or otherwise related to, the Activities. These risks may arise from negligent acts or omissions of the participant, other participants, leaders, volunteers, or third parties occurring during, or otherwise associated with, the Activities. The undersigned acknowledge and accept the risks and give permission for participation in the Activities.

In consideration of the University of Idaho (“UI”) permitting the participation in Activities, the undersigned hereby voluntarily accept all risks associated with participation. To the extent permitted by law, the undersigned 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 such participation in any Activities.

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

The undersigned acknowledge and agree that if a vehicle not owned and operated by the University is provided by the undersigned or any of them for transportation to, at, or from any Activity site, or if the undersigned or any of them are 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, the undersigned acknowledge sole responsibility for any action taken by the undersigned, or any of them, that is outside the scope of the Activity or Activities, and any events, clinics and classes associated with the Activity or Activities, regardless if occurring before, during or after the period of the Activity or Activities. The undersigned acknowledge that the university makes no representation with respect to the safety of any personally owned vehicle in which the undersigned or any of them may travel, or with respect to the qualifications of the driver of any personally owned vehicle. The undersigned acknowledge that if travelling in a personally owned vehicle it is the responsibility of the undersigned to determine the safety of the vehicle and qualifications of the driver.

This form continues on the back of this page.
The Undersigned hereby certify that, with or without accommodation, the participant named above is able to perform the essential functions of the Activities, and does not present a danger to the participant or others and the Undersigned know of no medical reason why the participant is not able to participate in the Activity or Activities, Events, Clinics and Classes. The Undersigned 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 Activities and any events, clinics and classes associated with the Activity or Activities.

The undersigned acknowledge that any insurance provided through Activity Insurance provides only limited protection for injuries that occur while participating and that the undersigned remains responsible for all medical expenses not covered by Activity Insurance. Activity Insurance is provided by an American Income Life camp accident policy.

If the participant named above has a disability, food or drug allergy, dietary requirements, or any condition requiring accommodation, the undersigned will contact Disability Support Services (208) 885-6307 at least three weeks (21 days) prior to the start of the Activity.

Whether or not the participant named above is a student, the participant 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 local, state and federal laws. Failure to do so may be considered grounds for denying participation in the Activity.

The parent/guardian signing below agrees that the UI may photograph or video any of the undersigned during, and in connection with, the Activity. The undersigned and each of them agree the UI shall be the exclusive owner of all images and all copyright and other rights in the images. The undersigned agree that the UI may use any image in any media related to the University of Idaho. If the undersigned parent/guardian DOES NOT GIVE PERMISSION TO PRODUCE OR USE IMAGES AS SET FORTH IN THIS PARAGRAPH, CHECK HERE ( ).

The undersigned parent/guardian ( ) does ( ) does not (please check one) authorize the University of Idaho to use the contact information set out above to inform the undersigned or either of them 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.

<table>
<thead>
<tr>
<th>PARTICIPANT’S SIGNATURE</th>
<th>PARENT(S) / GUARDIAN(S) SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant’s Name (PLEASE PRINT):</td>
<td>Parent/ Guardian Name (PLEASE PRINT):</td>
</tr>
<tr>
<td>Participant’s Signature:</td>
<td>Parent/ Guardian Signature:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>