

August 2, 2018



MEMORANDUM

TO: 4-H Shooting Sports Coach Candidates

FROM: Cory Hundl
Extension Program Specialist
4-H Youth Development

SUBJECT: 4-H SHOOTING SPORTS COACH CERTIFICATION TRAINING

Thank you for registering for the Texas 4-H Shooting Sports Coach Training to be held September 1-2, 2018 in Kurten at the Kurten Community Center in Brazos County. Your interest and dedication to working with 4-H youth is appreciated and applauded. Attached are the details regarding the training including the items you need to bring with you. We will be capping each discipline at 20 participants. If the registration is full when you register, please email Cory to be added to the wait list. Cory.hundl@ag.tamu.edu.

In addition, the Waiver, Indemnification, and Medical Treatment Authorization Form is attached that is required to participate. Please print the form, complete and sign it, **and bring the original signed form with you to turn in at check-in on Saturday morning.**

If you are a Youth Assistant Coach Candidate, you will need to also bring the original signed copy of the Assistant Coach Acknowledgement Youth Form with you. It is attached. You will also turn this form in at check-in on Saturday morning.

Please let my office know if you require additional information or if you have any special needs that we may accommodate during the training. Also, please let us know on 4-H Connect when you register if you have any dietary guidelines or allergens.

I look forward to working with you!

Texas A&M AgriLife Extension Service
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2150 TAMU, College Station, TX 77843-2150
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The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating

Shooting Sports Coaches Training

TENTATIVE AGENDA

Saturday, September 1, 2018

7:00 am	Participant Check-in
8:00 am	Discipline Trainings
12:00 noon	Catered Lunch
1:00 pm	Discipline Trainings
6:00 pm	Catered Dinner
7:00 pm	Green Injection – An Orientation to the 4-H Program and Youth Development
9:00 pm	Discipline trainings will potentially continue on the range or in the classroom. <i>Individual disciplines will continue at various time frames depending upon coverage of materials. Be prepared to</i>

Sunday, September 2, 2018

8:00 am	Continue Discipline Trainings and Testing
12:00 noon	Depart for home

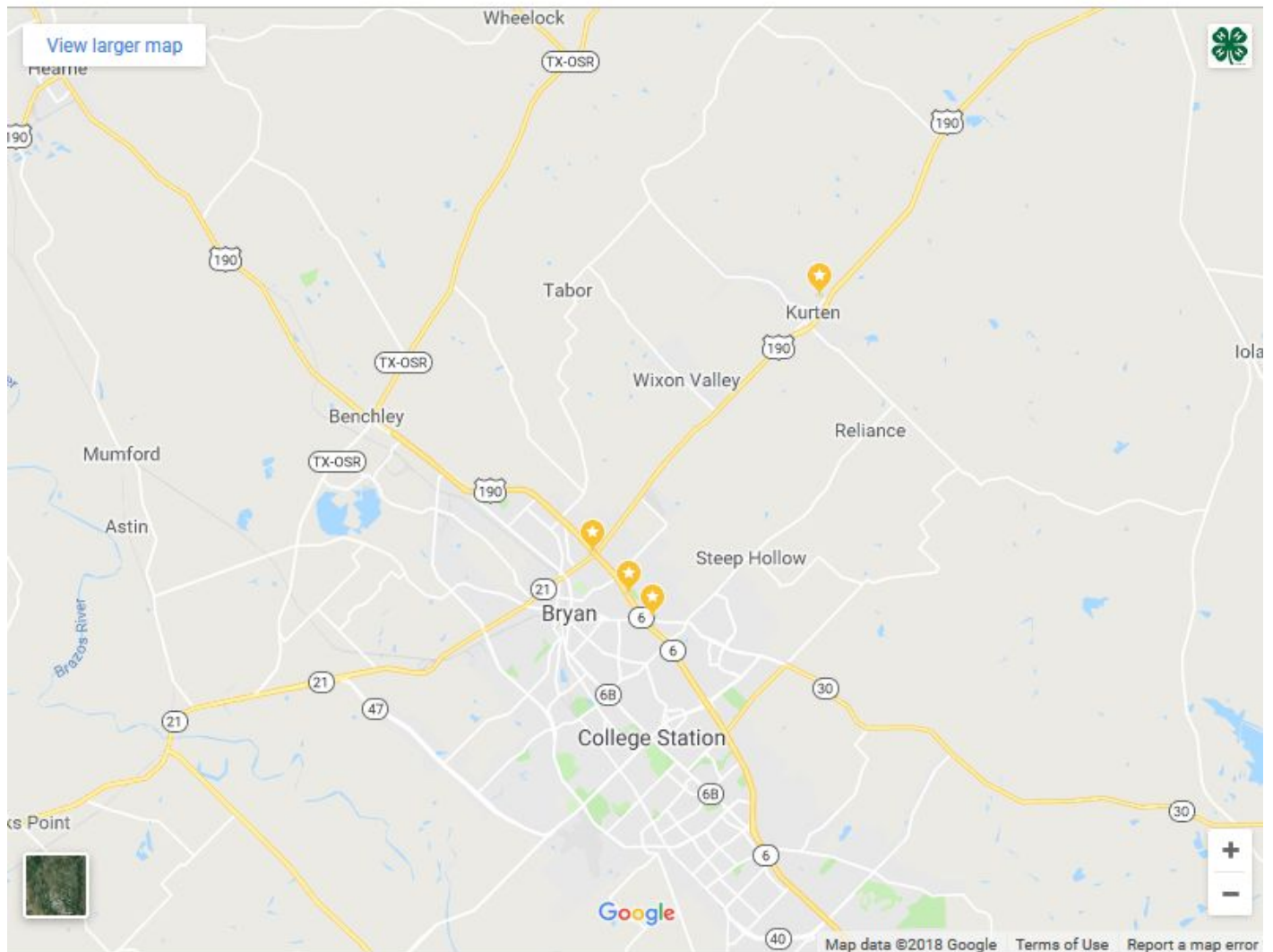
Shooting Sports Coaches Training

Training Location:

Kurten Community Center
13055 E State Hwy 21, Kurten, TX 77862

Some practicum and specific discipline training will take place at various locations. Information for those locations will be provided at the training.

A Google map is at this following link: <https://goo.gl/maps/axrWguustUA2> .



Shooting Sports Coaches Training

Lodging:

Lodging is on your own at this training. Various lodging options are available in and around the Bryan/College Station area. Listed below are some suggestions of hotels near that location of the training.

Best Western Premiere

1920 Austin's Colony Pkwy

Bryan, TX 77802

979-731-5300

<https://goo.gl/maps/LAzjyjj1kYS2>

QualityInn & Suites

1027 N Earl Rudder Fwy

Bryan, TX 77802

Phone: (979) 703-8979

<https://goo.gl/maps/1EnipRA9E9L2>

Baymont by Wyndham, Bryan/ College Station

1506 Nuches Ln,

Bryan, TX 77803

(979) 704-6470

<https://goo.gl/maps/bWrMKMg41Lt>

*** There are a couple of RV Parks located near Hwy 6 and Hwy 21.

What to bring as a participant:

Everyone attending should bring the following:

- Signed waivers and forms
- 3-ring binder (2" or larger recommended)
- writing materials and extra paper for notes
- highlighters if you use them for stressed points
- eye protection (shooting glasses or goggles) – recommended for archery, mandatory for all other disciplines
- ear protection (plugs or muffs) -mandatory for shotgun, rifle, and pistol disciplines
- comfortable outdoor clothing, including a cap or hat suitable for the prevailing weather and be prepared for inclement weather
- sunscreen
- range chairs if desired
- snacks and drinks between meals if desired
- open mind ready to learn and share

Shotgun discipline participants:

- 20 or 12 gauge shotgun, any action type
- Ammunition pouch or vest
- Ammunition to fit the shotgun, 2 boxes (50 rounds)

Archery discipline participants:

- Recurve or compound bow of any type
- Arrows to fit the bow, 6 or more

Rifle discipline participants:

- .22 caliber rimfire rifle, preferably with iron sights (open)
- .22 caliber ammunition to fit the rifle, 2 boxes (100 rounds)
- or (depending on your ranges) -
- .177 caliber air rifle
- .177 caliber pellets to fit the rifle

Pistol discipline participants:

- .22 caliber rimfire pistol, preferably with iron sights (open)
- .22 caliber ammunition to fit the pistol, 2 boxes (100 rounds)
- or (depending on your ranges) -
- .177 caliber air pistol
- .177 caliber pellets to fit the pistol

Muzzleloading

- Bring enough equipment to shoot
- Powder
- Muzzleloaders
- Balls

CAMP & ENRICHMENT PROGRAM WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Texas 4-H Events (herein referred to as "camp"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H and Youth Development Program, (herein referred to as "sponsor"), 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.

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 all events and activities, and 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 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.

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.

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.

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.

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.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

Participant Signature _____	Date _____
Participant Printed Name _____	Participant Date of Birth _____

If participant is 18 years old or younger:

Parent/Legal Guardian Signature _____	Date _____
Parent/Legal Guardian Printed Name _____	

In case of emergency, contact: _____	Phone _____
or _____	Phone _____
or _____	Phone _____

If the participant has medical insurance, please indicate:

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

Please list any special services your child may require: _____

Assistant Coach Acknowledgement-Youth

The 4-H Natural Resources Program offers Assistant Coach training and Certification in the 4-H Shooting Sports Project (all disciplines) to any actively enrolled 4-H member who is 14 years of age or older as of September 1 of the current 4-H year **AND** any approved Adult Volunteer Leader less than 21 years of age. Assistant Coach training is for those who will assist a Certified 4-H Shooting Sports Coach with a 4-H Shooting Sports project in their county. This is a great opportunity for enthusiastic persons who are passionate about Shooting Sports and Natural Resources to gain 4-H Shooting Sports coaching experience, develop leadership skills, expand their knowledge, and share that knowledge with others. To become an Assistant Coach, a participant should register for and attend a Shooting Sports Coach training. An Assistant Coach candidate less than 18 years of age must be accompanied to training either by a previously trained adult or an adult participating in the same training. An Assistant Coach Certification can be upgraded to full 4-H Shooting Sports Coach Certification with no additional training once an Assistant has reached 21 years of age and is an approved Adult Volunteer Leader via 4-H Connect. The Assistant Coach must request an updated certificate from the Texas 4-H Natural Resources Program office.

An Assistant Coach may assist a Certified 4-H Shooting Sports Coach only in the immediate presence of the Certified Coach. Should the Certified Coach be absent for any period of time, regardless how short or long the absence may be, all Shooting Sports activity must cease until the return of the Certified Coach. Assistant Coaches are not certified to coach outside the immediate supervision of a Certified 4-H Shooting Sports Coach.

Acknowledgement:

I acknowledge that my child will attend the Texas 4-H Natural Resources Programs-Shooting Sports Coach Training as listed below. I understand that upon completing the coach training, my child will be a certified Assistant Coach within the discipline in which he/she has been certified, allowing them to assist Certified 4-H Shooting Sports Coaches at County 4-H Shooting Sports project activities. Upon reaching the age of 21 years and becoming an "Active" Texas 4-H Adult Volunteer Leader via 4H Connect, I understand that my child will be eligible to be a Certified 4-H Shooting Sports Coach for the 4-H Shooting Sports program and will not be required to attend an additional certification in the discipline(s) in which they are already certified, but will need to request an updated certificate from the Texas 4-H Natural Resources Program office.

Parent/Guardian:

_____	_____	____/____/____
Printed Name	Signature	mm dd yyyy

Youth Assistant:

_____	_____	____/____/____
Printed Name	Signature	mm dd yyyy

Training:

_____	____/____/____
Location	mm dd yyyy

Texas A&M AgriLife Extension Service | Texas 4-H & Youth Development Program

Texas 4-H Natural Resources Program

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Web: texas4-h.tamu.edu/natural | Blog: tx4hnaturalresources.blogspot.com | Facebook: www.facebook.com/naturalresources

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