



# Trap Shooting Registration

Due to the UW-Extension office on **Wednesday, May 22nd at 4:30 p.m.**

\*\*\*Participants must be 12+ years old and have a Hunter's Safety Certificate\*\*\*

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female 4-H Club (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Hunter Safety Certification # \_\_\_\_\_

\*\*\*A copy of your Hunter's Safety certificate/card **MUST** be sent with this form.\*\*\*

Race: (please check one)

White  Black or African American  American Indian or Alaskan Native   
Native Hawaiian or Pacific Islander  Asian  Prefer Not to Answer

Ethnicity: (please check one)  Hispanic/Latino  Non-Hispanic/Latino  Prefer Not to Answer

I am attending:  
May 29th \_\_\_\_\_  
June 5th \_\_\_\_\_

Cost = \$7.00 for 1 session; \$14.00 for 2  
Checks payable to: 4-H Shooting Sports



## 4-H PISTOL SHOOTING RULES

- All participating members 12-14 years of age must have a parent, guardian, or designated adult present during each session.
- All youth will be a Hunter Safety Class graduate or participating in a Hunter Safety course prior to the start of the program.
- All shooters are required to wear ear protection while shooting. A reusable pair will be given to you the first night. It is your responsibility to bring them each week.
- No Horseplay. Be considerate of your fellow shooters. Horseplay is dangerous and it distracts other shooters and coaches.
- Gun Safety:
  - a. Action must be open at all times.
  - b. Muzzle pointed up or down range while on the firing line.
  - c. When carrying your gun to and from the firing line or from your vehicle, the muzzle must be pointed up and the action open.
- In between shooting your rounds your gun is to be in the rack unloaded and action open.
- Any infraction of these rules will be dealt with by a verbal warning, time out on the bench, or expulsion from the program.
- Rules sheet must be signed by each participant and parent/guardian.

**Permission statement:** I grant permission for my child to participate in the La Crosse County 4-H Pistol Shooting Program. I release The La Crosse Rifle Club, UW Board of Regents, UW-Extension (hereinafter University) employees, volunteers, other participants, and donors from any financial responsibility for sickness or accident related to the trap shooting club while in attendance. I agree to pay all expenses for property damage and medical expenses not covered by insurance. I authorize the use of photographs or videos of my child, my family, and myself while in attendance/participating in the trap shooting club for educational or media purposes. I grant the UW Board of Regents and the University the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, websites, and promotion of University programs.

**(OVER)**

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

## Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, \_\_\_\_\_ (print youth name), age \_\_\_\_\_, desire to participate voluntarily in the La Crosse County 4-H Youth Development programs conducted by the La Crosse County UW Extension, La Crosse County 4-H Leaders' Association, Inc., and the Board of Regents of the University of Wisconsin System, doing business as the University of Wisconsin – Extension.

I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact the La Crosse County 4-H Youth Development Agent at the UW-Extension Office at telephone number 608-785-9593.

Yes, I have read this information and understand its contents.

### **Assumption of Risks:**

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the county and university have advised me to seek the advice of my physician before participating in the La Crosse County 4-H Youth Development program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the La Crosse County UW Extension, La Crosse County 4-H Leaders' Association, Inc., or the Board of Regents of the University of Wisconsin System. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Yes, I have read this information and understand its contents.

### **Hold Harmless, Indemnity and Release:**

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the La Crosse County UW Extension, La Crosse County 4-H Leaders' Association, Inc., the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the La Crosse County UW Extension, La Crosse County 4-H Leaders' Association, Inc., the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Yes, I have read this information and understand its contents.

### **Consent for Emergency Treatment:**

I authorize the La Crosse County UW Extension, La Crosse County 4-H Leaders' Association, Inc., or the Board of Regents of the University of Wisconsin System and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Yes, I have read this information and understand its contents.

**My signature acknowledges that all of the above statements are accurate to the best of my knowledge and I agree with the statements written.**

Print Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If your son, daughter or ward will be under 18 while participating in the La Crosse County 4-H Youth Development program at the University of Wisconsin – Extension, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter, or ward.*

An EEO/AA employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title VI, Title IX, and the Americans with Disabilities Act (ADA) requirements. Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. Please do so as early as possible prior to the program or activity so that proper arrangements can be made. Requests are kept confidential.