



2020 Archery & Pellet Gun Program

Due to the UW-Extension office on Friday, December 27th

Participants must be in 3rd grade or above

I am registering as a (circle one): **4-H Member** **Community Member**

Name _____ Grade _____

Date of Birth ___/___/___ Male Female 4-H Club (if applicable) _____

Address _____ City _____ State ___ Zip _____

Email _____ Phone # _____

Parent/Guardian Name(s) _____

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

Archery

1st Choice (circle one): 8:00 AM 9:00 AM 10:00 AM

2nd Choice (circle one): 8:00 AM 9:00 AM 10:00 AM

Pellet Gun

1st Choice (circle one): 8:00 AM 9:00 AM 10:00 AM

2nd Choice (circle one): 8:00 AM 9:00 AM 10:00 AM

Fees:

4-H Member Archery-\$6.00 _____

Community Member Archery-\$10.00 _____

4-H Member Pellet Gun-\$10.00 _____

Community Member Pellet Gun-\$15.00 _____

Total _____

Checks payable to
4-H Shooting Sports

*4-H members must be
re-enrolled in 4HOnline at
time of registration to receive
the 4-H member pricing!*

Please return form and payment to:

La Crosse County UW-Extension

212 6th St. N Suite 2200

La Crosse, WI 54601

Email: lacrossecounty4h@lacrossecounty.org

Fax: 608-789-4808

An EEO/AA employer, UW-Madison Division of 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.

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 Extension La Crosse County, 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-Madison Division of 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 Positive Youth Development Educator at the 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 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 insurance in effect and that no such coverage is provided for my by the Extension La Crosse County Office, 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, minors, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the Extension La Crosse County Office, 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, 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 Extension La Crosse County Office, 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 Extension La Crosse County Office, 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, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter, or ward.*

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