# 2027 ARCHERY PROGRAM

Due to the UW-Extension office on **Tuesday, December 15th, 2026** at **4:30 p.m.**
**When**: (2027) Saturdays, Jan 2nd, 16th, & 30th, Feb 13th & 20th, March 13th
***(Please note that February's sessions are back to back Saturdays, not every other)***
8am, 9am, 10am Sessions
**Where: Onalaska Omni Center (255 Riders Club Rd, Onalaska)**
***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**

**Address** _____ **City** _____ **State** _____

**Email** _____ **Phone #**_____

**Parent/Guardian Name(s)** _____

**Parents/guardians interested in assisting coaches with safety supervision on the shooting line for all youth, during workshop sessions. No prior archery experience is required.** ☐ Yes ☐ No

**Race (circle one):** ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ Asian ☐ Prefer Not to Answer

**Ethnicity (circle one):** ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Prefer Not to Answer

## Archery Time Sessions:

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- $15.00** _____
**Community Member Archery-$20.00** _____

**Please return form and payment to:**

**La Crosse County Extension**
**212 6th St. N Suite 2200**
**La Crosse, WI 54601**

**Email: lacrossecounty4h@lacrossecounty.org**

**Fax: 608-789-4808**

**Checks payable to:**
**4-H Shooting Sports**

The University of Wisconsin–Madison Division of Extension provides equal opportunities in employment and programming in compliance with state and federal law.

# 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.*

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