

District IV Shooting Sports Competition Contest Memo

Covid-19 Disclaimer: At this time we are posting tentative dates and times of the Contest. We are working diligently to try and host these contests, but due to the ever-changing Covid-19 conditions, we will not be able to solidify these details until closer to the contest. Thank you in advance for your understanding and patience as we navigate these circumstances.

Contest Date: May 1, 2021

Contest Location: Rocky Creek Outdoors, Texarkana, USA
4001 South State Line, Texarkana, AR

(Due to Covid-19 Guidelines the location, date, and time are subject to change)

ALL competitions will take place on ONE (1) day – A detailed schedule to be sent out to participants and agents following close of registration.

Eligibility: Participants MUST be currently enrolled in 4-H through 4-H Online and pay applicable entry fees for EACH discipline. Participants MUST be academically eligible according to UIL rules to compete on the day of the contest. Agents please verify 4-H members eligibility prior to approving entries.

Novice competitors are welcome, but all shooters must be actively involved in a county 4-H shooting sports program prior to competing. Shooters must have received instruction/training on safe firearm handling, safety protocols and general rules of play from a certified 4-H shooting sports coach.

Age Divisions: Junior – 8 years old & in the 3rd grade through 5th grade
Intermediate – 6th grade through 8th grade
Senior – 9th grade through 12th grade

Registration: Registration will open in 4H Online on March 16, 2021 and close at midnight April 17, 2021. NO late entries – NO exceptions.

Registration Options: **participants may select one (1) or all four (4) events.**

1. Archery - \$25 entry fee
2. Rifle - \$25 entry fee
3. Trap - \$25 entry fee
4. Skeet - \$25 entry fee

Entries Per County: Each county may enter unlimited participants per age division per discipline.

Release Forms: Each member must complete and submit the attached release forms at check-in. (AgriLife Waiver, Indemnification and Medical Release Form and Rocky

Creek Outdoors Range Release Form)

Day of Competition:

1. Bring all three (3) signed & completed release forms – 4-H members will NOT be allowed to compete if release forms are not turned in at check-in.
2. Each participant must furnish their own equipment – firearm, ammunition, safety equipment, etc.
3. The range is located in a rural area – you may want to bring lawn chairs, drinks, snacks, etc.
4. SAFETY is paramount. IF a safety issues arises, anyone can call for a cease fire.
5. Range officers will be at each range
6. Coolers are welcome – no concession on site

Participants with Disabilities. Any competitor who requires auxiliary aids or special accommodations must contact the District Extension Office or [Denita Young at djyoung@ag.tamu.edu](mailto:Denita.Young@ag.tamu.edu), or note when registering on 4-H Online at least 2 weeks before the competition to request such needs.

Safety and Range Rules:

Disorderly, unsafe, and abusive conduct has no place at the range and will NOT be permitted. Individuals who exhibit such conduct may be immediately disqualified and/or dismissed from the grounds. The match director, 4-H Specialist, and/or District Extension Administrator will have final say in all disputes.

Individual contest Safety and Range Rules may be included in the rules for each discipline.

1. Safe and respectable behavior is expected of shooters, coaches, and spectators at all times.
2. NO profanity from shooters, coaches, or spectators.
3. NO yelling or running at any time on the range.
4. Participants under the age of 13 must have an adult present at all times.
5. Closed toe shoes, long pants, and shirts with sleeves (short or long – NO sleeveless) must be worn on the range.
6. Long hair must be pulled back.
7. In the event of a severe storm or severe storm waning, a horn will blow three (3) times to signal that all participants must leave the range immediately to take shelter.
8. Have FUN!

Awards:

Awards will be presented to top five (5) individuals in each discipline in each age division and top three (3) teams in each discipline in each age division.

Archery may also award a high overall age division in each class.

Shotgun may also award a high overall to participants that competed in BOTH skeet and trap.

Hotels:

1. Country Inn & Suites – 1918 University Drive, Texarkana, TX 903-838-6955
2. Residence Inn by Marriott – 3900 St. Michael Drive, Texarkana, TX 430-200-0742
3. Comfort Suites – 215 Richill Drive, Texarkana, TX 903-223-0951

COVID-19 NOTICE

This program will follow any directives by the local/county health officials, Texas A&M AgriLife Extension Service policies, and State requirements in effect at the time of the event as it relates to COVID-19. Participation in this event **REQUIRES** any attendee to follow those procedures to attend the event. This includes wearing face coverings, social distancing, any other preventative measures mandated or required by this program. Please bring a mask or appropriate face covering with you.

Archery Rules

Course of Fire:

1. 20 3D targets
 - a. JUNIORS – will shoot a total of 20 targets at a distance ranging from 5 to 20 yards or its metric equivalent.
 - b. INTERMEDIATES - will shoot a total of 20 targets at a distance ranging from 5 to 25 yards or its metric equivalent.
 - c. SENIORS - will shoot a total of 20 targets at a distance ranging from 5 to 30 yards or its metric equivalent.
2. 1 shot at each target
3. Ties will be broken on the number of twelves.

Class Options:

1. Recurve Unaided
2. Recurve Aided
3. Compound Unaided
4. Compound Aided

Safety and Range Rules: In addition to Safety and Range Rules listed above . . .

1. NO range finders on the course.
2. Arrows will be removed by an adult for all participants under the age of 13
3. During arrow pulling, participants will remain at least five (5) feet back from both the target and the person pulling the arrows.
4. Participants must remain at your target until the group ahead of you completely leaves their target. Then you may advance.

Rifle Rules

Members Per Team: Teams consist of three (3) or four (4) members of the same age division.

Junior members are allowed to move up to the intermediate age division in order to complete a team but will solely compete in that age division. Juniors and Intermediates are not allowed to move up to senior age division.

Senior age division is a state qualifying competition. Top three (3) teams and top three (3) individuals qualify for State Indoor Rifle Match.

Shooting Classifications and Options:

ONLY single shot – bolt action .22 rifles may be used for the District IV 4-H Rifle Match.

- JUNIORS -
 - Prone ONLY – individuals may choose to shoot prone only. Prone only juniors will shoot two (2) targets in the prone position ONLY for a total of twenty (20) record shots. Prone ONLY Juniors may shoot as an individual or on a team of three (3) or four (4) members. NO 3P for Junior age division.
- INTERMEDIATES – 3P (3 position). Intermediates may shoot as an individual or as a three (3) or four (4) member team. One (1) target prone, one (1) target standing and one (1) target kneeling will be shot for a total of thirty (30) recorded shots.
- SENIORS - 3P (3 position). Intermediates may shoot as an individual or as a three (3) or four (4) member team. One (1) target prone, one (1) target standing and one (1) target kneeling will be shot for a total of thirty (30) recorded shots.
- CHALLENGES – ONLY the shooter will be allowed to review targets and challenge a score. The shooter will have fifteen (15) minutes following the completion of scoring of their relay to review and challenge scores. The shooter must put up a \$1 pre hole being challenged. IF score is upheld, the shooter donates their \$1 to District IV 4-H Shooting Sports and will be given a receipt for their donation. IF the score is corrected, the shooter will receive their \$1 back. See state rules for scoring procedures.
- TIES- broken on the number of bullseyes.

Rules and Resources for the Texas 4-H 3-Position small bore rifle rules and scoring can be found on the Texas 4-H website.

Shotgun Rules

Squadding – Counties must list preferred squads at entry (participants will list squad members at entry). Participants that are not squadded at entry, will be squadded by match officials by county and age divisions as best as possible.

Equipment: 12-gauge or smaller shotgun must be used. 7 ½ shot size or smaller is required (example – 8, 9)

Course of Fire:

1. Skeet – two (2) rounds of twenty-five (25) targets for a total of fifty (50) targets
2. Trap – two (2) rounds of twenty-five (25) targets for a total of fifty (50) targets
3. Ties- broken by shoot-off up to third place.

2020-2021 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

District IV 4-H Shooting Sports Competitions CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H (“activity”), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (“sponsor”), a member of The Texas A&M University System, I hereby release, waive, 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, and their members, officers, agents, volunteers, or employees (“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 while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me 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 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, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does 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 sponsor, a governmental unit of the State of Texas, 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.
4. 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.
5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity 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 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, 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, 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 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, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

6. NO STRICT RULES OF CONSTRUCTION. In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
7. 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. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself 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 that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

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

SIGNED this _____ day of _____, 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

In case of emergency, contact
at the following number
If the participant has medical insurance, please indicate:
Insurance Company:
Policy Number:
Name of Primary Policy Holder:
Primary Policy Holder Relationship to Participant:
Participants Primary Care Physician:
Participants Primary Care Physician Phone:
GENERAL HEALTH INFORMATION
My child's allergies, physical or medical conditions, and current medication(s) are as follows:

As a parent or guardian of the child named above, I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name, I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: _____ Date: _____

Rocky Creek Outdoors USA Release Form

PARTICIPANT NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____

PARENT/GUARDIAN PHONE NUMBER: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

1. The participant fully understands and acknowledges that shooting sports carries an inherent risk and agrees to follow all instructions and directions of the club staff.
2. The participant covenants and agrees to hold the Club harmless and indemnify the Club from any and all losses, claims, suits, injuries during their visit to the Club.
3. The participant warrants that any and all equipment brought onto the Club property is to the best of their knowledge is in a safe and operational condition.
4. The safety on all firearms brought onto the Club property must be in proper working and proper operating condition.
5. The participant covenants and agrees that in addition to matters identified herein, that participant agrees to hold harmless and indemnify the Club for any and all expenses including but not limited to attorney fees, courts cost or expenses associated with the defense of any claim or suit brought by the participants.
6. The participant being fully aware of these dangers and inherent risk associated with shootingsports, firearms and hunting in general hereby assumes all risk associated therewith freely, knowingly, and voluntarily.
7. The participant has _____ years of experience using a firearm and _____ years hunting experience.
8. The participant would rank his/her shooting level as (circle one)
 - a. Beginner
 - b. Intermediate
 - c. Skilled
9. That the participant is 18 years old or older. IF the participant is under 18 years of age, a parent or guardian must sign on participants behalf.

DATE: _____

PARTICIPANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

Appendix J



COVID-19 Screening Form

Due to the COVID-19 pandemic, and in an attempt to minimize the spread of the virus, Texas A&M AgriLife Extension Service is required to screen all youth, staff, and visitors participating in a youth day or overnight event. In order to be granted access to events, all visitors must truthfully complete and submit the following:

I, _____, hereby affirm that:

1. While at the event I will maintain a minimum of 6 feet of separation from any other individuals not within my household.
2. I have not in the past 7 days exhibited any of the known symptoms of COVID-19, including:
 - ✦ Cough
 - ✦ Shortness of breath or difficulty breathing
 - ✦ Chills
 - ✦ Repeated shaking with chills
 - ✦ Unexpected muscle pain
 - ✦ Headache
 - ✦ Sore throat
 - ✦ Loss of taste or smell
 - ✦ Diarrhea
 - ✦ Running a fever (or measuring a temperature of 100.0 degrees Fahrenheit or more)
3. In the past 14 days I have not been in contact with any person known to have contracted COVID-19.

Although not required, I understand it is recommended that I wear a cloth face covering (over the nose and mouth), or non-medical grade face masks, if available. I also understand that it is recommended that I follow the minimum standard health protocols issued by the Texas Department of State Health Services and cited by the Texas Governor in his Executive Orders related to the pandemic.

I understand that the virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in the DSHS protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable.

I understand that AgriLife Extension cannot guarantee that I will not contract the virus, even when implementing screening protocols. I further understand that safety is a shared duty, COVID-19 is a shared risk, and all community members, including visitors, must take steps to promote health and safety. I acknowledge that I am assuming the risk that I may contract the virus by entering facilities, even when screening protocols and mitigation measures are implemented.

I understand that AgriLife Extension is required to have this attestation in order for me to attend events sponsored by them and I sign below to confirm the truth of the above.

Printed Name of Participant

Date

Street Address, City, State, Zip Code

Cell Phone Number

Signature (or legal guardian if minor)

Email Address