



Pike County 4-H Archery Team Waiver/Release Agreement



PLEASE READ CAREFULLY

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:

Twin Oaks Road/Pike County has agreed to allow the Pike County 4-H Archery team to use their property for archery practice. I agree to respect this property, to follow all safety rules with the Archery Program, and to only be on the TWIN OAKS ROAD PROPERTY under PIKE COUNTY 4-H CERTIFIED ARCHERY COACH'S PERMISSION.

I understand that there are inherent risks and dangers in my use of any archery equipment and that my participation on the PIKE COUNTY 4-H ARCHERY TEAM may result in injury, illness, or death due to accidents, the forces of nature, or other unforeseeable causes. Such injuries include but are not limited to, the risk of serious injury or death.

I hereby assume responsibility for all risks and dangers occurring during my participation in any activities and/or use of equipment and facilities. I accept all responsibility for any losses and or dangers whether caused in whole or in part by the negligent acts or omissions, intentional or reckless misconduct, or gross negligence of any other person. I, on behalf of myself as my own personal representative, and my parents/guardians, and heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Twin Oaks Road/Pike County, and its officers, members, volunteer leaders, agents, contractors, AND employees from any and all claims, actions, or losses resulting from death, bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of my use of the equipment and facilities, and the participation in archery activities. I am voluntarily participating in these activities and hereby agree to accept full responsibility for all the risks involved.

I have carefully read and understand the above waiver/release statement. I hereby accept and agree to the above waiver/release statement and regard this document as legal and binding. I understand that I have given up substantial rights by signing this document and am signing the document voluntarily.

4-H'er Name _____ Date _____

4-H'er Signature _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

The University of Georgia and Ft. Valley, the U.S. Dept. of Agriculture, and counties of the state cooperating.
The Cooperative Extension Service offers educational programs, assistance, and materials to all people without
regard to race, color, national origin, age, sex, or disability.
An equal opportunity / affirmative action organization committed to a diverse workforce.

Project S.A.F.E. - Archery Team Participants and Parent Contract

In order for the Project S.A.F.E. -Archery Team to be both a rewarding and safe experience, 4-H'ers must abide by the Rules and Regulations set forth by the Club. They are as follows:

1. Members must follow the directions and safety standards set by the coaches, the Georgia 4-H Code of Conduct, and all range guidelines and safety pro. Failure to follow instructions can result in suspension from the club.
2. Horseplay and other unsafe behavior could result in suspension from the club.
3. Teams will be designated by the coaches. Members may have to qualify in order to participate in the archery state matches.
4. In the event that a 4-H'er decides to quit or is suspended from the Project S.A.F.E. -Archery Team, registration fees will not be refunded. This is necessary since supplies will be purchased in advance for each 4-H'er.
5. 4-H'ers are not allowed to transport archery equipment to and from practice sessions without being accompanied by an adult. An adult (parent or guardian) must accompany 4-H'ers to all practice sessions unless instructed otherwise.
6. In all circumstances, archers, parents, and coaches are responsible for their actions and upholding the standards of the Georgia 4-H Project S.A.F.E. Program. All of us are expected to behave in a manner suitable for the promotion of a 4-H youth development program, high ideals, and the promotion of shooting sports as a safe and respectable recreation activity. Cooperation, self-control, self-discipline, and high standards of sportsmanship are expected at all times.
7. I am aware of the sporting equipment involved and the potential physical danger if safety and training are not followed. With respect to this potential danger; those volunteers that are coaching and providing the instructional training will deem it necessary to instruct and discipline from time to time for the best interests of all involved. The foremost concern is safety with skill attainment and enjoyment second.

As a member of the Pike County Archery Team, I have read and understand the above rules and regulations and agree to abide by them. I have also read and understand the Georgia 4-H Code of Conduct, and Safety Procedures. I agree to abide by all rules and regulations regarding the Project S.A.F.E. Program or I forfeit the right to participate in project activities.

(Signature of 4-H'er)

(Date)

I am also aware and understand that my child from time to time will be touched, moved, and held in a manner to assist positioning, balance, and comfort, and provide continuity in curriculum training for the discipline being taught.

I certify that my child and I have read and understand the above rules and regulations, the 4-H Code of Conduct, and Safety Procedures. I understand that in order for my child to participate in Archery Team activities, I must accompany them to every event.

(Signature of Parent)

(Date)

GEORGIA 4-H SHOOTING SPORTS PARENTS OR GUARDIANS AGREEMENT OF
WAIVER OF LIABILITY INDEMNIFICATION AND MEDICAL RELEASE

The undersigned parent and natural guardian or legal guardian do hereby acknowledge that he/she is aware of the dangers involved in participating in Georgia 4-H shooting sports.

Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

- A. Waive, release, and discharge the State of Georgia, and its officers, agents, employees, and 4-H volunteers from any and all liability for participant's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to participant and his/her estate; and
- B. Indemnify and hold harmless the State of Georgia, and its officers, agents, employees and 4-H volunteers from and against any and all liabilities, damages, expenses, and claims made by other individuals or entities as a result of the participant's participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed advisable in the event of injury, accident, or illness during this activity or event. The undersigned also certifies that the participant is covered by the following health insurance policy.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read and understand the above release.

Name of Minor

Age

Name of Parent or Guardian

Medical Insurance Company

Policy #

Parent Signature

Date

**This must be completed, signed, and returned to the local County Extension office before the youth will be allowed to participate in 4-H Shooting Sports Program/ Event.*

Georgia 4-H Medical Information & Release Form
This form should be completed prior to each 4-H event.



EVENT: _____ Date(s) of EVENT: _____

4-H'ers Information

Name _____ County _____

Address _____

Date of Birth _____ Grade _____ Gender _____ Preferred Phone _____

Parent/Guardian Information

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Email Address: _____ Text: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Name: _____ Preferred Phone: _____ Alt. Phone: _____

Medical Information

*The following information is requested in case of accident or illness to better treat your child.
The information is optional and not required for participation.*

Name of Physician: _____ Phone: _____

Date of Last Physical Examination: _____ Drug Allergies: _____

Other Allergies: _____

Describe any recent illness or injury: _____

Describe any pre-existing conditions: _____

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er: _____

PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes. Furthermore, I am aware that participation in 4-H programming includes risk including, but not limited to, transportation to/from events, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. Risks also include exposure to contagious diseases and communicable illnesses, including but not limited to COVID-19. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission for my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known of or hereby developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Parent/Guardian Signature
5/2021

Date

PLEASE COMPLETE BOTH SIDES

Over the Counter & Prescription Medication Summary



4-H'ers Name _____ **County** _____

Parent/guardian should list any over-the-counter medication that **may be given** to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4-H programming.

1. Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age appropriate or weight appropriate dose for discomfort, pain, or fever
Yes No *** Parent/Guardian will be contacted if student's fever is 100° F or higher.
2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose
Yes No
3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose
Yes No
4. Sore throat relief spray for sore throat
Yes No
5. Cough Drops for coughing
Yes No
6. Itch and rash relief cream/ointment for minor skin irritations
Yes No
7. Lubricating eye drops for eye irritations
Yes No
8. Oral pain relief gel for tooth/mouth discomfort
Yes No
9. Triple antibiotic ointment for minor skin abrasions/wounds
Yes No

Please list any prescription, over-the-counter, or homeopathic medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional. Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4-H Medicine Form. Any medications brought to a program must be in its original container, unexpired, and clearly labeled with the 4-H'ers name. Youth may not share any medication with others.

All medications should be turned in to program/activity leaders at the program start and should accompany a Georgia 4-H Medicine Form. Any exceptions to this (such as an inhaler for asthma or an epi-pen for allergic reactions) must be verified with a 4-H staff member prior to the event.

Medication	Condition being treated for

I am the parent/guardian of _____ and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct. I agree to notify 4-H immediately in writing should any of this information change. I also understand that I will be notified if my child distributes or shares any prescription, over-the-counter, or homeopathic medication, or if my child is found to be in possession of any medications not listed on this form.

Parent/Guardian Signature _____
Date