

TEXAS 4-H YOUTH DEVELOPMENT

August 17, 2018

MEMORANDUM

TO: 4-H Shooting Sports Coach Candidates

FROM: Laura A. Huebinger
Extension Program Specialist
4-H Youth Development

Laura A. Huebinger

SUBJECT: 4-H SHOOTING SPORTS COACH CERTIFICATION TRAINING

Thank you for registering for the Texas 4-H Shooting Sports Coach Training to be held October 27-28, 2018 in Stephenville. Your interest and dedication to working with 4-H youth is appreciated and applauded. Attached are the details regarding the training including the items you need to bring with you.

In addition, the Waiver, Indemnification, and Medical Treatment Authorization Form is attached that is required to participate. Please print the form, complete and sign it, and bring the originally signed form with you to turn in at check-in on Saturday morning.

If you are a Youth Assistant Coach Candidate, you will need to also bring the originally signed copy of the Assistant Coach Acknowledgement Youth Form with you. It is attached. You will also turn this form in at check-in on Saturday morning.

Please let my office know if you require additional information or if you have any special needs that we may accommodate during the training.

I look forward to working with you!

Central District 8 | 4-H Youth Development
Texas A&M AgriLife Extension Service
1229 N US Hwy 281 | Stephenville, Texas 76401
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Tel. 254.968.4144 ext. 211 | Fax. 254.965.3759



SHOOTING SPORTS COACHES TRAINING

Schedule

TENTATIVE AGENDA

Saturday, October 27, 2018

- 8:00 am Participant Check-in
- 9:00 am Discipline Trainings
- 12:00 noon Catered Lunch
- 1:00 pm Discipline Trainings
- 6:00 pm Catered Dinner
- 7:00 pm Green Injection – An Orientation to the 4-H Program and Youth Development
- 9:00 pm Discipline trainings will potentially continue on the range or in the classroom.
Individual disciplines will continue at various time frames depending upon coverage of materials. Be prepared to work into the evening.

Sunday, October 28, 2018

- 8:00 am Continue Discipline Trainings and Testing
- 12:00 noon Depart for home

SHOOTING SPORTS COACHES TRAINING

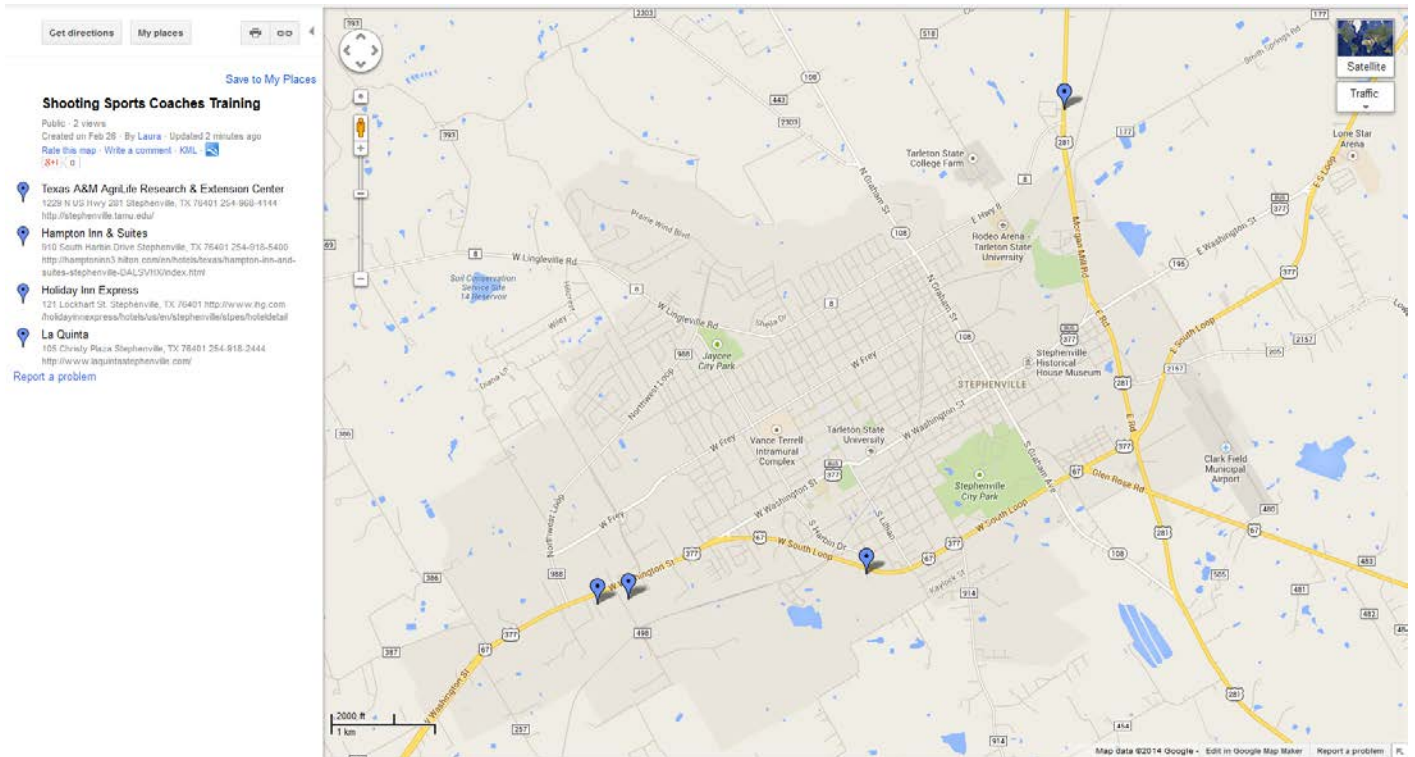
Location

Texas A&M AgriLife Research & Extension Center
 1229 N US Hwy 281
 Stephenville, TX 76401

Please note that if you enter this address into a GPS or Google maps, it will may not take you to the correct location. The building is located at the northwest corner of US 281 and Hwy 8/Lingleville Hwy in Stephenville.

If using GPS, use the following coordinates: 32.244602, -98.196043.

I have created a Google map at this link: <http://tinyurl.com/D8ShootingSportsCoachesTrai>



SHOOTING SPORTS COACHES TRAINING

Lodging

Lodging is on your own at this training. Various lodging options are available in and around Stephenville. Suggested hotels are listed below.

There is a small room block at the Holiday Inn Express for \$88. per night. Mention: District 8 4-H Shooting Sports Room Block.

Holiday Inn Express
121 Lockhart St.
Stephenville, TX 76401
254-965-8899

<http://www.ihg.com/holidayinnexpress/hotels/us/en/stephenville/stpes/hoteldetail>

These are two other hotels that we have recommended in the past:

LaQuinta
105 Christy Plaza
Stephenville, TX 76401
254-918-2444

<http://www.laquintastephenville.com/>

If you use the code "TX4H" you will get a 15% discount on your room rate and the Texas 4-H Foundation will receive some monetary support from LQ.

Hampton Inn
910 South Harbin Drive
Stephenville, TX 76401
254-918-5400

<http://hamptoninn3.hilton.com/en/hotels/texas/hampton-inn-and-suites-stephenville-DALSVHX/index.html>

This will most likely be the most expensive hotel of the three.

There are other hotels in Stephenville, but I would bet these are probably the nicest. If they don't work, let me know and I'll try to get you some more suggestions. They are all fairly close to one another and our office. It doesn't make much of a difference as far as distance goes in getting to the office.

SHOOTING SPORTS COACHES TRAINING

What To Bring As A Training Participant

Everyone attending should bring the following:

- Signed Waiver, Indemnification, and Medical Treatment Authorization Form (attached)
- Assistant Coach Acknowledgement Youth Form (if youth candidate; attached)
- 3-ring binder (2" or larger recommended)
- writing materials and extra paper for notes
- highlighters if you use them for stressed points
- eye protection (shooting glasses or goggles) – recommended for archery, mandatory for all other disciplines
- ear protection (plugs or muffs) – mandatory for shotgun, rifle, and pistol disciplines
- comfortable outdoor clothing, including a cap or hat suitable for the prevailing weather and be prepared for inclement weather
- sunscreen
- range chairs if desired
- snacks and drinks between meals if desired
- open mind ready to learn and share

Shotgun discipline participants:

- 20 or 12 gauge shotgun, any action type
- Ammunition pouch or vest
- 2 boxes of shells

Archery discipline participants:

- Bow, of any style
- Appropriate arrows, practice points only, no broadhead hunting points

Rifle discipline participants:

- .22 caliber small bore rifle, of any style, preferably bolt action
- 1 box of .22 ammunition

Pistol discipline participants:

- .22 caliber small bore pistol, of any style
- 1 box of .22 ammunition

CAMP & ENRICHMENT PROGRAM WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child’s participation in any and all activities of Texas 4-H (herein referred to as “camp”), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (herein referred to as “sponsor”), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System and its members, the Board of Regents for The Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H Youth Development Program, Texas 4-H Inc., Texas 4-H Youth Development Foundation, and their members, officers, servants, agents, volunteers, or employees (herein referred to as 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/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child 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/my child 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, my child, other participants, and third- persons as a result of my/my child’s participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child’s participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may 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 organization, 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 articulated in this form 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/ my child’s 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/my child, 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, discharge, 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/my child 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, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. 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. I understand I can choose not to sign this document and free myself and my child 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/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

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

Participant Signature _____ Date _____
 Participant Printed Name _____ Participant Date of Birth _____

If participant is under 18 years old:

Parent/Legal Guardian Signature _____ Date _____
 Parent/Legal Guardian Printed Name _____

In case of emergency, contact: _____ Phone _____
 or _____ Phone _____
 or _____ Phone _____

If the participant has medical insurance, please indicate:

Insurance Company _____ Policy Number _____
 Name of Primary Policy Holder _____

Please list any special services your child may require: _____