ROLLING PLAINS
YOUTH ARCHERY

Mountrail County Fair Building
8101 61st St NW - Stanley

Starting January 9th Ending March 5th

2020 Youth Archery officially starts after school on January 9, 2020!
* Every Thursday after school into March (4:00 pm-5:30 pm)
* Youth from the ages of 5 to 18 may participate
* Open to all youth! Invite your friends and family!
* Equipment provided or you can bring your own
  * $30/youth registration fee; checks made to Rolling Plains Sportsman Club
* There are limited spots, so make sure and reserve yours asap!
* Each participant MUST complete a waiver form

Contact us at (701) 628-2835 for any questions

ROLLING PLAINS ARCHERY REGISTRATION FORM

Please return form/payment in person or mail to PO Box 40 Stanley, ND 58784
Forms may also be emailed to Tiffany Thiessen (tthiessen@co.mountrail.nd.us)

Parents Name: ____________________________________________________________

Cell Phone #: __________________________ Circle Provider: Verizon AT&T Other:___________

E-mail: ________________________________________________________________ Like to volunteer? Y or N

Address: __________________________________________________________________

Name: ______________________________ Age: ____ Gr: ____ M or F 4-H member: Y or N

More youth registering: Y or N Please fill in info on back of this page.

Number of Waiver forms completed: ____________ (office use only)
Reminder:

- All Youth MUST Complete Waiver form **BEFORE** Participating
- Youth MUST check-in on sheet every week they attend
- Please pick up Children at 5:30 pm each day
- If Child must leave early, please let instructors know
- No Food or Drink is Allowed in Waiting or Archery area
- No Pets allowed in Building
- Please Do Not Approach Shooting Line without Permission from Instructors
- This is a highly disciplined activity, Youth MUST listen to instructors and sit quietly on chairs waiting their turn to shoot
- 4-H archery events information will be on check-in table

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Name: ___________________________  Age: _____  Gr: _____  M or F  4-H member: Y or N

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Name: ___________________________  Age: _____  Gr: _____  M or F  4-H member: Y or N

Name: ___________________________  Age: _____  Gr: _____  M or F  4-H member: Y or N
Parents or Guardians Agreement of Waiver of Liability
Indemnification and Medical Release

The undersigned parent and natural guardian or legal guardian does hereby acknowledge that he/she is aware of the dangers involved in participating in North Dakota 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 North Dakota, 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 to the State of North Dakota, 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 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 an injury, accident or illness during this activity or event.

The undersigned also certifies that 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 Minor                                           Age

_________________________________________________________  ____________
Name of Minor                                           Age

_________________________________________________________  ____________
Name of Minor                                           Age

_________________________________________________________
Printed Name of Parent or Guardian

_________________________________________________________
Name of Medical Insurance Company                        Policy #

_________________________________________________________
Parent or Guardian Signature                             Date