

Athlete Information

Team Name: WILLIAM BLOUNT SHOOTING TEAM
Participant's First Name:
Participant's Last Name:
Address Line 1:
Address Line 2:
City:
State:
Zip:
County:
Phone:
School Currently Attending:
Current Grade Level:
Gender:
Birth Date:
Email Address:
T-Shirt Size:
Date of Hunter Certification Training:
TWRA Hunter Education # (located on card):

* TNSCTP MEMBERS: IF you are a member of the National Governing Body (NGB), provide your membership numbers below:

ATA# NSSA# NSCA# USAS# SSSF#

Parent / Guardian Name:
Parent / Guardian Phone #:

- Check box if Parent/Guardian address is the same as above.
* If different please write on the back of this page.

BLOUNT COUNTY SHERIFFS OFFICE TRAINING CENTER



Indemnity/Hold Harmless Agreement

To the fullest extent permitted by law, the undersigned person (**“person” shall include the parent(s) or guardian(s) of a minor participated in the described event or activity**) agrees to indemnify and hold Blount County, Tennessee, its elected and appointed officials, employees and volunteers and others working on behalf of Blount County, Tennessee, (hereinafter collectively “Blount County”) harmless from and against all loss, cost, expense, damage, liability of claims, whether based on tort, contract or other theory of recovery), arising out of the **Blount County Sheriff’s Office Training Center**, including any bodily injury, sickness or disease (including death resulting at any time therefrom) which may or could be claimed by the undersigned person or any person claiming by or through the undersigned person and damage or destruction of any property which may or could be claimed by the undersigned person or any person claiming by or through the undersigned person, including the loss of use thereof, based on any act or omission, negligent or otherwise, of Blount County, in connection with or incident to the **Blount County Sheriff’s Office Training Center scheduled for 2015-2016 Season (date)**, except that the undersigned person shall not be required to indemnify Blount County for damages caused or resulting from the sole gross negligence of Blount County. The undersigned person shall, at his/her own cost and expense, defend Blount County from and against any such claims and any suit, action or proceeding which may be commenced thereunder, and the undersigned person shall pay any and all judgments which may be recovered in any such suit, action or proceeding, and any and all expenses including, but not limited to costs, attorney’s fees and settlement expenses which may be incurred therein.

Print Name of Athlete: _____ **Date:** _____

Current Address: _____ **Phone:** _____

Parent or Guardian Signature if a minor: _____

Authorized Employee, Print & Sign: _____

**PARENTAL AND ATHLETE
HOLD HARMLESS AND RELEASE / CODE OF CONDUCT AGREEMENT**

(Coaches must retain a copy with them at all team events, practices, and competitions)

(A Copy MUST be returned to TNSCTP Office, 300 Orlando Ave., Nashville, TN 37209, Fax: (615)353-0083)

In consideration of being permitted to participate in the Tennessee Scholastic Clay Target Program, the undersigned, on their own behalf and/or on behalf of his/her minor child, does hereby knowingly and voluntarily enter into this Hold Harmless & Release Agreement (“Agreement”).

The undersigned does hereby covenant and agree, to the fullest extent permitted by applicable law, to hold harmless the Tennessee Wildlife Federation, Inc., the Tennessee Scholastic Clay Target Program and their respective members, officers, directors, employees, agents, coaches, instructors, others as applicable, and their respective heirs, successors and assigns (collectively, the “Beneficiaries”) from and against any and all loss, liability, cost, damage or expense, including without limitation, attorneys’ fees, threatened, suffered or incurred by them by reason of or resulting from participation in the Tennessee Scholastic Clay Target Program.

The undersigned hereby forever releases, waives and discharges each of the Beneficiaries from any and all claims, causes of action, demands, suits, defenses and liability of any kind, nature or character whatsoever, known or unknown, suspected or unsuspected, in contract, tort, at law, in equity or otherwise that might arise at any time with respect to or arising out of participation in the Tennessee Scholastic Clay Target Program.

The undersigned hereby assumes full responsibility for the risk of personal injury, death or property damage incurred in any manner in connection with participation in the Tennessee Scholastic Clay Target Program.

The undersigned hereby acknowledges that he/she has not relied upon any representation or statement, written or oral, concerning the Tennessee Scholastic Clay Target Program, including, without limitation, any representation or statement as to the safety of the Tennessee Scholastic Clay Target Program. The undersigned has voluntarily decided to participate and/or allow his/her minor child to participate in the Tennessee Scholastic Clay Target Program, and agrees that such participation is to be done at the undersigned's sole risk and without any recourse to the Beneficiaries or any one of them.

The undersigned covenants and agrees to indemnify the Beneficiaries from and against any and all reasonable attorneys’ fees incurred by Beneficiaries to enforce this Agreement. The undersigned hereby acknowledges that it has not been threatened or coerced into signing this Agreement, but understands that signing this Agreement is a material inducement to participation in the Tennessee Scholastic Clay Target Program and that without the undersigned executing this Agreement, the undersigned would be denied participation in the Tennessee Scholastic Clay Target Program.

The undersigned agrees they have read the TNSCTP Rules and TNSCTP Code of Conduct for Athletes and agrees to abide by its stated and implied instructions and acknowledges and understands that violation may lead to suspension or expulsion from TNSCTP

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT.

Athlete Signature: _____

Date: _____

Print Name: _____

Email: _____

Address: _____

Phone: _____

Parent/Guardian Signature:

Team: WILLIAM BLOUNT SHOOTING TEAM

Head Coach: Jim Hartman

(Print) _____

**FOOTHILLS ADVENTURES, LLC
d.b.a Smoky Mountain Sports Club**

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
(PLEASE READ CAREFULLY BEFORE SIGNING)**

Name of Participant

Date

Participant's Home Address and Telephone Number

IN CONSIDERATION of allowing the participant named above (the "Participant") to participate in activities offered by Foothills Adventures, LLC including, without limitation, activities involving firearms* (collectively, the "Event(s)") and to use any and all related Foothills Adventures, LLC property, facilities, and equipment which may include firearms, Participant hereby agrees to the following release, waiver and indemnifications:

1. Participant acknowledges that he or she understands the risks, hazards and dangers that are or which may be associated with the Event(s), including those risks and dangers that could cause severe bodily injury, disability or death such as, when applicable, the risks and dangers associated with the handling of firearms and being near others that have firearms in their possession, and has had the opportunity to discuss them with the appropriate Foothills Adventures, LLC representatives. Participant accepts these risks, and all other risks which may arise from the Event(s), even if arising from the negligence, gross negligence or negligent rescue by those associated in any way with the Event(s), including, without limitation, those organizing, directing or participating with the Participant in the Event(s) and their respective officers, directors, employees, agents, servants, volunteers, representatives, successors, heirs, assigns and executors (collectively, the "Released Parties").
2. Participant hereby releases, waives, discharges and covenants not to sue the Released Parties from any and all liability to the Participant or the Participant's personal representatives, heirs, assigns or next of kin, for any loss or damage, and from any claim or demands therefore on account of injury to the Participant, or resulting in death of the Participant, whether caused by the negligence of the Released Parties or otherwise, while the Participant is participating in the Event(s) and is in, upon, or about the Foothills Adventures, LLC premises, facilities, or equipment.
3. Participant hereby agrees to indemnify and save and hold harmless the Released Parties and each of them from any loss, liability, damage or cost (including attorneys' fees) they may incur due to the presence of the Participant in, upon or about the Foothills Adventures, LLC premises or in any way observing or using any Foothills Adventures, LLC facilities or equipment or participating in the Event(s), whether caused by the negligence of the Released Parties or otherwise.

Participant further expressly agrees that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Tennessee and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Participant has read and voluntarily signs this Release and Waiver of Liability and Indemnity Agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS DOCUMENT:

Signature of Participant

Date

***Please also read and sign the reverse side of this document.**

*****FIREARMS*****

All Foothills Adventures, LLC clay course activities involve the use of firearms. In addition to the representations, warrants, terms and conditions set forth on the front side of this document which have been made and agreed to by Participant:

Participant acknowledges the inherent risks, hazards and dangers associated with firearms that cannot be eliminated, regardless of the environment. Participant understands that these risks, hazards and dangers include, without limitation:

1. The risk of handling firearms and being near others that have firearms in their possession;
2. The risk of ear damage from noise;
3. The risk of injury from ammunition, clay targets and shot from other guns.

For eye and ear protection when near or in possession of firearms, ear plugs and protective eye glasses are strongly recommended.

With respect to any and all sporting clay course activities, Participant acknowledges and agrees that Participant must abide by all range rules and procedures as may be currently implemented or otherwise communicated by Foothills Adventures, LLC or its agents.

I HAVE READ THIS DOCUMENT:

Signature of Participant

Date



Roster Picture Opt-Out Form

WBST will create a roster of our athletes on our website and would like to place a photograph next to each name. However, some persons may choose not to have photos of their children used and we respect their wishes. Therefore, we are providing this OPT OUT form for individuals who prefer NOT to have photographs of them placed on the roster list.

IF YOU HAVE NO OBJECTION TO WBST USE OF YOUR PHOTOGRAPH, YOU DO NOT NEED TO SIGN OR RETURN THIS FORM.

I do not wish to have my child's photograph be used in the roster to be displayed on the WBST website.

Signature _____ DATE _____

Please list any other persons in your family who are to be included in this opt-out request:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

In the case of minors aged 18 and under, this form must be signed by a parent or guardian.

Return the form to Pam Hartman where it will be kept on file.

EMERGENCY MEDICAL RELEASE AND IDENTIFICATION FORM

Athlete's Name: _____ DOB: _____

Address: _____

Club/Program: _____

Emergency Information

Father/Guardian's Name: _____ Lives with child YES or NO

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Father/Guardian's E-mail Address: _____

Mother/Guardian's Name: _____ Lives with child YES or NO

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Mother/Guardian's E-mail Address: _____

Please note any known allergies and reaction:

Allergies with reaction: _____

Medications: _____

Other Medical Limitations or Special Needs: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Physician to be called in an Emergency:

Name: _____ Phone: (____) _____

Insurance Company: _____ Group #: _____

Policy Holder: _____ Policy: _____

Consent to Medical Treatment of Minor I hereby authorize any medical doctor, emergency medical technician, paramedic, nurse, healthcare provider, hospital, or other medical facility to treat my child for any illness, medical complication, allergic reaction, or injury received while my child participates with the William Blount Shooting Team. I consent to my son/daughter to participate in the Programs. Further, I release, discharge, and otherwise indemnify William Blount Shooting Team, its officers, coaches, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize. I give my consent to have a coach, adult volunteer or doctor of medicine to provide my son/daughter with medical assistance and/or treatment and I agree to be responsible financially for the reasonable cost of each assistance and/or treatment. I realize that there is a possibility of complications and undesired and unforeseen consequences in any medical treatment and I assume any such risk on behalf of my child. I represent that I am a parent or legal guardian of the child and I hereby agree to defend, hold harmless, and indemnify the William Blount Shooting Team, its coaches, officers, and volunteers, and event holders, event sponsors, event directors, event volunteers, doctors, emergency medical technicians, paramedics, nurses, healthcare providers, and hospitals or other medical facilities from all liability, loss, costs, claims, or damages whatsoever that may be imposed upon said parties due to the medical treatment, or lack thereof, given to my child. I have read this release, understand its legal implications, and agree to its terms.

Print Name: _____ Date: _____

Parent/Guardian Signature: _____