

# Athlete Information

Team Name: <b>WILLIAM BLOUNT SHOOTING TEAM</b>
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:** \_\_\_\_\_

**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

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WBST will created 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: \_\_\_\_\_

## **IMPORTANT: THIS IS A LEGAL DOCUMENT – A RELEASE OF LIABILITY**

**Please read and understand this document before signing. If you have any questions, please ask us or consult an attorney.**

**You are giving up specific legal rights by signing this contract.**

Tennessee Wildlife Federation, Inc., its employees, agents, directors, officers, sponsors, advertisers, volunteers, contractors and subrogors (hereinafter TWF) have done everything possible to ensure that you have a rewarding experience. We wish to inform our coaches, parents, officials, youth and all other participants and spectators that hunting, target shooting, youth activities, (hereinafter Shooting Sports) are not risk free. The same elements that contribute to the unique character and fun of Shooting Sports and hunting such as the physical exertion or the settings can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma, or death. We do not want to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of the possible risks. We ask that you read this, sign it, and return it to our office.

### **EXPRESS ASSUMPTION OF THE RISK**

There are risks that accompany all aspects of life as well as Shooting Sports. Some of these risks are inherent in the activity; some are changed, increased or decreased due to the activities of TWF. You must understand and accept all the risks of the activity, inherent and others.

Kids enjoy life. In that process kids fall down, get back up and keep having fun. Sometimes though a kid might not get back up as quickly or bounce back as fast. As you, a parent well know, there is no way to prevent a child from falling down or getting hurt. TWF will do the best job we can to help your child bounce back and enjoy the activity. However you need to acknowledge and understand that no matter how many staff or how much work we do, sometimes a child can get hurt.

Any activity involving rifles, shotguns or other firearms runs the risk of an accident. Before allowing your child to attend any event, prepare your child by going through the safety issues you expect your child to know and understand when working with firearms. Make sure your child knows how the firearm will work, how it is to be loaded, carried, transported and handled. Your child must know how the safety on any weapon provided works or how the weapon is to be disabled to prevent discharge. Decisions are made by the instructors, coaches and participants in a rural setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. Decisions are based on experience, observation, participant abilities and numerous other factors at the time. Weather can change, participants can tire, and abilities are not as stated which may change the entire situation placing people at risk. As a participant, you accept these risks and situations based on guide decisions and other factors.

Participants may have free and unsupervised time. Throughout the program, participants are responsible for their own safety and for the safety of other members of their group. It is also possible that some participants would suffer mental anguish or trauma from the experience or their injuries. Travel to and from the Shooting Sports activity is incidental to the Shooting Sports. Accidents can occur during travel to and from the activity site.

This list is not an exclusive or exhaustive list of possible injuries; trauma or accidents that may occur while Shooting Sports. Most of these injuries are rare, and you are not likely to encounter them. However, they have occurred, and you need to know about them and other possible injuries not mentioned above. These injuries occur more often when the participants are using drugs or alcohol or not physically able to undertake the activity.

You certify that you have reviewed this document with your family. You certify that you have examined the TWF website and looked at the information, risks and videos posted on the company website. You certify that your family, including minor children and yourself are fully capable of participating in a Shooting Sports program. You state that you have read the above statement on some of the possible risks in this activity. Therefore, you assume full responsibility for yourself, your family, including minor children, for bodily injury, death, and loss of personal property and any expenses as a result of **your negligence, negligence of your family, or the negligence of TWF**. You hereby **expressly consent and assume all risks of the activity** for yourself and your family, including the risks associated with traveling to and from the activity. You also understand that TWF reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in a Shooting Sports activity. Your family and you are in good physical condition and able to undertake this activity. You understand and agree that this is a voluntary activity, and you are doing so for recreational purposes and do so voluntarily. **If a Parent you agree to read and to explain to any minor all posted signs and warnings, including instructions on use of equipment as well as the risks outlined in this agreement and agree participants will obey all signs, and warnings posted and to obey instructions from staff.**

### **CONTRACT, WAIVER, RELEASE, AND INDEMNIFICATION**

You waive any legal right to any claim and agree to **indemnify and hold harmless** TWF, their agents and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from your family's or your participation in these activities for all past, present or future claims, demands, and causes of action. You agree that TWF has a **subrogation/right to indemnification** for your actions based on any permit, grant, contract or agreement with third parties. You further **agree to release, acquit, and covenant not to sue** TWF, their agents, and employees for all actions, causes of action, past, present or future claims or damages, damages in law or remedies in equity of whatever kind, including the **negligence of TWF, negligence of another participant**, or your family, yourself, or your heirs, against TWF arising out of participation in this program. This agreement covers the incidental transportation to and from the recreation location. **In short, you cannot sue TWF or anyone else for any reason if you or your family or minor child may receive an injury, and if you do, you cannot collect any money.** This release shall not

**Please Read Other Side**

be superseded by any other agreement, nor shall this release supersede any agreement, whether there is any perceived inconsistency or not.

You agree to **indemnify, agree to subrogation** and to **reimburse** TWF for any damages, costs, fees or expenses TWF expends on you or your family's behalf, including the cost of any Search and Rescue or for any damages you may do to third parties. You understand this means you are the insurer for the TWF for any actions or damages, you or your family may incur.

You agree to the site of any lawsuit and the law governing any such lawsuit shall be **Davidson County Tennessee** and governed by **Tennessee law** no matter the perceived or actual difficulties, deprivation of a meaningful day in court, or the harm to either party's case or trial in **Davidson County Tennessee** applying **Tennessee Law**. You understand and agree that you may be giving up the right to a deprivation of a meaningful day in court and that there are no extraordinary circumstances that would change that legal issue. The terms of this agreement shall continue and be, in effect, after the Shooting Sports activity has ended. No changes in this document are valid.

As liquidated damages, you hereby agree that if TWF is forced to defend any action, lawsuit or litigation or for breach of the covenant not to sue or the covenant of good faith and fair dealing, by yourself, your executors, or your heirs, on your family's or your behalf, your heirs or executors, and you agree to pay TWF's costs and attorney's fees if they successfully defend such action, lawsuit or litigation. You understand and agree that you are indemnifying TWF for any claim you may bring for any injury you receive, and if you do, so you will be subject to paying TWF'S damages and costs, including attorney fees. Should any sentence, clause, paragraph, or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts or paragraphs shall remain in full force and effect. This release is intended to be interpreted as broadly as possible to affect the intent and purpose of the release. Except as specifically stated otherwise herein, this Agreement sets forth the entire understanding of the parties and all prior understandings or communications, electronic, online, written or oral, are superseded by this Agreement.

If you do not want to sign this release, you understand you cannot participate in any TWF Shooting Sports activity, and you are free to go to other events and activities.

You have adequate health, disability, and life insurance for your family and yourself.

You hereby give permission for transportation to any medical facility or hospital. You authorize any qualified person or medical personnel to render necessary emergency medical care for yourself and your family. You hereby authorize the release of any medical information, including information concerning your HIV or "Aids" status, in the possession of TWF to any medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse, or other such person rendering care on your behalf. You hereby waive any action or claim against TWF or any health care provider, hospital, doctor, nurse or first aid provider for the release of this medical information, including your HIV or "Aids" status.

You, of your own free will, for your family, your minor children, your heirs and executors and yourself, have read, understand and acknowledge the risks and liability for yourself and your family.

You acknowledge that you have received a Copy of this Document if you wanted one. You understand that you are signing this document electronically or may be signing this document electronically in the future. You understand and agree under state and Federal law; there is no difference between signing this electronically or in writing.

You and/or your child have read the TWF Rules and Code of Conduct and agree to abide by its stated and implied instructions and acknowledges.

I hereby grant TWF permission to use my likeness in a photograph, video, or media in any and for any purpose. I understand and agree that all photos are the property of the TWF.

I hereby hold harmless, release, and forever discharge the TWF from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**You Have Read and Understood this Agreement. You are Voluntarily Signing this Agreement. You understand you are giving up certain legal rights.**

**By signing this you understand you cannot sue for any reason. If you do sue you cannot collect any money. If you sue and lose you will owe us money.**

☐ By checking this box, you indicate that your family and you have previous firearms experience.

Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Team: William Blount Shooting Team

\_\_\_\_\_

Head Coach: Jim Hartman

(Print) \_\_\_\_\_