

# 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.

## **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 you 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: \_\_\_\_\_

\_\_\_\_\_

Head Coach: \_\_\_\_\_

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

**BLACKBERRY FARM, LLC**  
**("Blackberry Farm")**

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**  
**(PLEASE READ CAREFULLY BEFORE PARTICIPATING IN ANY ACTIVITIES)**

Blackberry Farm offers numerous recreational activities to its guests including, but not limited to, golf cart use; swimming, waterskiing, tubing, surfing, cruising, wake boarding, knee boarding, and other boating activities; horseback riding; carriage rides; fishing; biking or cycling; paddle boarding; kayaking; sporting clays and other activities involving the use of firearms; hiking; and overnight camping (the "Activities"). By participating in one or more of the Activities, each participant ("Participant"), or in the case of minor children such participant's parent or legal guardian ("Participant's Guardian"), hereby agrees as follows:

1. All participants in any of the Activities shall be of sufficient age and maturity to participate in the Activities without jeopardizing the health or safety of any other persons participating in or otherwise in the vicinity of the Activities. Participants shall not participate in any of the Activities while under the influence of alcohol.
2. Participant/Participant's Guardian acknowledges that he or she understand the risks, hazards and dangers that are or which may be associated with the Activities and any other use of Blackberry Farm's property including, without limitation, the risk of exposure to snakes, bears, and other wildlife, the risk of injury related to the use of golf carts, the risk involved in traversing trails, pathways, roads, sidewalks, and other surfaces, especially those which may be wet, and those other inherent risks and dangers of the Activities that could cause drowning, severe bodily injury, disability, or death, and has had the opportunity to discuss them with the appropriate Blackberry Farm representatives; and that he or she assumes full responsibility for and accepts these risks, and all other risks which may arise from participation in the Activities, even if arising from the negligence, gross negligence or negligent rescue by those associated in any way with the Activities, including, without limitation, Blackberry Farm, Foothills Adventures, LLC, those organizing, directing or participating with the Participant in the Activities, and their respective officers, directors, employees, agents, servants, volunteers, representatives, successors, heirs, family members, affiliates, assigns, and executors (collectively, the "Released Parties").
3. Participant/Participant's Guardian hereby releases, waives, discharges and covenants not to sue the Released Parties from any and all liability to the Participant, the Participant's Guardian, or their respective 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 the death of the Participant, whether caused by the negligence of the Released Parties or otherwise, while the Participant is participating in the Activities and is in, upon, or about the premises, facilities, or equipment owned or operated by any of the Released Parties.
4. Participant/Participant's Guardian 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 premises owned or operated by any of the Released Parties, or in any way observing or using any of the facilities or equipment owned or operated by any of the Released Parties, or participating in the Activities, whether caused by the negligence of the Released Parties or otherwise.
5. Participant/Participant's Guardian hereby irrevocably grants to Blackberry Farm perpetually, exclusively, and for all media throughout the world (including print, nontheatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs, videotapes and/or other recordings taken or made of Participant as a result of the Participant's participation in the Activities. Participant/Participant's Guardian agrees not to bring or consent to others bringing claims or actions against any of the Released Parties on the grounds that anything contained in the photographs, videotapes or other recordings, or in the advertising and publicity used in connection therewith, is defamatory, reflects adversely on the Participant or Participant's Guardian, or violates any other right whatsoever, including, without limitation, rights of privacy and publicity. Participant/Participant's Guardian, on his or her own behalf and on behalf of the Participant and their respective personal representatives, heirs, assigns and next of kin, hereby releases the Released Parties from and against any and all claims, demands, actions, causes of action, suits, costs, expenses, liabilities and damages whatsoever that any of them may hereafter



have against the Released Parties in connection with the photographs, videotapes or other recordings. Blackberry Farm shall have the right to assign its rights hereunder without the consent of Participant/Participant's Guardian, in whole or in part, to any person, firm or corporation.

6. The Company has built a strong reputation as one of America's most celebrated intimate luxury hotels and has agreed to use its reputation to promote other luxury brands. In order to preserve the long-term viability of the Company's brand, and its relationship with those entities whose brands it helps to promote, the Company requires that all photography, video, audio, or other recordings (the "Media Content") that you intend to take, or have taken, on or of Company Property must be for your personal or internal use. In addition, use of Media Content on or of Company Property for any commercial purpose is strictly prohibited without the Company's prior written approval, which may be withheld in its sole discretion, to the full extent permitted by law. Commercial purposes include any and all commercial uses of the Media Content including, but not limited to, the use or incorporation of the Media Content, in whole or in part, and alone or together with any other materials, in connection with any sale, promotion, or advertisement of any materials, products, or services, whether or not such sale, promotion, or advertisement results, directly or indirectly, in a profit to you or any of your affiliates, representatives, family members, successors, and assigns.

Participant/Participant's Guardian 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/Participant's Guardian acknowledges that he or she has read this Release and Waiver of Liability and Indemnity Agreement and acknowledges that participation in any of the Activities is voluntary, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT HAS BEEN PROVIDED TO THE GUEST IN ADVANCE OF THE GUEST'S PARTICIPATION IN ANY OF THE ACTIVITIES. BY PARTICIPATING IN ANY OF THE ACTIVITIES, WHETHER SPECIFICALLY LISTED ABOVE OR OTHERWISE, THE GUEST REPRESENTS TO THE RELEASED PARTIES THAT THE GUEST HAS READ, ACKNOWLEDGED AND AGREED TO THE TERMS OF THIS DOCUMENT.**

Name of Participant: (Print) \_\_\_\_\_

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

Name of Participant: (Print) \_\_\_\_\_

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

I HAVE READ THIS DOCUMENT: \_\_\_\_\_  
Signature of Participant/Participant's Guardian      Date

I HAVE READ THIS DOCUMENT: \_\_\_\_\_  
Signature of Participant/Participant's Guardian      Date



## Roster Picture Opt-Out Form

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WBST has 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: \_\_\_\_\_



## Code of Conduct – Athletes

Each registered participant in Tennessee SCTP/SASP and William Blount Shooting Team activities shall always exercise exemplary behavior. Such behavior reflects respect for themselves, one's team, the program, and others, and represents the high ideals of Tennessee SCTP/SASP and its partner organizations. Violations of the Code of Conduct may result in disqualification, suspension or expulsion from the event or program. All youth participants are required to sign a Code of Conduct form and return it to the Team prior to participation in any practice or event.

All Shotgun team athletes must comply with this code of conduct and the rules in Section VIII of the TNSCTP Policies and Procedures manual, which can be found at <https://tnwf.org/tennesseewf/wp-content/uploads/2018/06/Policy-Procedures-Manual.pdf>. All Pistol/Rifle team athletes must comply with this code of conduct and the rules in Section 8 of the Scholastic Action Shooting Program Handbook, which can be found at <https://sssfonline.org/wp-content/uploads/2017/11/SASP-2017-2018-Handbook-Final-1.pdf>.

The following Code of Conduct shall be observed during all Tennessee SCTP/SASP activities:

### Dress

- Appropriate clothing, as outlined below, shall always be worn.
- For females, midriffs and cleavage shall be covered.
- For males, pants shall be fitted around the waist, not riding low on the hips.
- All undergarments shall always be covered.
- Shirts, hats, pants – any clothing – and any other associated items carried, worn, etc. with pictures, caricatures, designs, messages, writings, or other embellishments, shall be tasteful (no vulgar, crude language or pictures; no violence, drugs, or alcohol slogans).
- Pants or modest length and well-fitting shorts are acceptable. Shorts or pants that reveal undergarments or buttocks are prohibited.
- Shooting in flip-flops or opened-toed shoes/sandals is prohibited.

### Language

- Encouraging and affirming language shall be used.
- Inappropriate language (foul, vulgar, crude, rude, aggressive, racist, sexist, etc.) is strictly prohibited.
- Inappropriate language of a sexual nature or deemed as harassing in nature is prohibited. Inappropriate language includes any language that could be interpreted by another person as abusive or of a sexual nature.
- Use of inappropriate language may result in immediate and permanent expulsion from the Tennessee SCTP/SASP program.

### Behavior

- Cell phones, video games, MP3 players or personal music devices, etc. shall be permitted only when used in a manner that does not interfere with any aspect of the Tennessee SCTP/SASP event. Should they become disruptive to the event, training, or any other aspect of the program, these devices are subject to temporary confiscation.
- Possession and/or use of alcoholic beverages and/or tobacco products is prohibited. For youth 21 years of age, alcohol shall not be consumed immediately prior to or during any Tennessee SCTP/SASP activity.
- Illegal substance use or possession is prohibited. This includes abuse of prescription medications.
- Participation, cooperation, respect for others, and a positive attitude are expected. All participants shall always exhibit good sportsmanship.
- Inappropriate physical contact is absolutely prohibited. Inappropriate contact includes any unwanted contact or contact that may be interpreted by another person as sexually motivated including, but not limited to: invading personal space, touching, or otherwise demonstrating inappropriate interest or attention. Inappropriate physical



contact may result in immediate and permanent expulsion from the Tennessee SCTP/SASP program and the William Blount Shooting Team.

## **Additional Information**

Tennessee SCTP/SASP adheres to the “two-deep” policy regarding adult-youth interaction: in other words, two adults shall be present when interacting with any youth. There should never be one-on-one, private interactions between an adult and a youth. The “two-deep” rule applies to electronic or phone communication as well.

When communicating with a youth electronically (email, text, etc.), Tennessee SCTP/SASP coaches and adult volunteers shall include at least one additional adult (21 years of age or older) in the conversation. Similarly, Tennessee SCTP/SASP athletes shall copy their parent or another coach on any electronic communication to another adult. Athletes shall report any violation of this policy to a coach, parent, or the Tennessee SCTP/SASP Manager.

Expulsion from school for any reason will result in the student athlete’s immediate suspension from the team. Review of the circumstances will take place and the Head Coach will determine the condition and date of return, if return is allowed.

## **Return to the program after Expulsion**

Note that while the behaviors outlined in this document are drafted from the Tennessee SCTP Policies and Procedures Manual, the enforcement of disciplinary measures is the responsibility of the team. This team is interested in providing opportunities to these Student Athletes to participate. When a disciplinary issue forces us to remove a student from the team we will follow the process below to assess opportunities for reinstatement.

Drug/Alcohol issues – the student athlete will be immediately removed from the team. The student athlete may apply for reinstatement the following year, but will be subject to scrutiny to include the following:

- Agreement by the parent/guardian to provide proof of initial corrective actions (counseling, etc.).
- Agreement by the parent/guardian to participate in “on demand” screening of the athlete. This will be screening of the quantitative nature which takes place at a facility designed to provide for this service. For example, if the athlete is suspended for use of a controlled substance, the parent/guardian will be required to show a clean screening prior to reinstatement. The student athlete will then be required to test at given intervals by the coaching staff until they feel that there is no danger for reoccurrence. The cost of said testing is to be borne by the parent/guardian.

All other issues – the student athlete may petition the team for reinstatement the year following expulsion. This reinstatement request will be examined by the Board of Directors to determine action moving forward. This review will take place in a closed Board meeting.

While it is our desire to see these students receive a chance to correct their negative actions, we will not do so at the peril of the remainder of the team. That will be the guiding principal in all requests for reinstatement.

## **Agreement to Uphold William Blount Shooting Team Code of Conduct**

By signing below, you as the athlete have read and will follow the rules and understand the consequences of violation of the rules. The parent/guardian states that they understand their responsibility and what could happen to their athlete if they do not follow the rules.

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Athlete's Name (please print)

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Athlete's Signature

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Date

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Parent/Guardian Name (please print)

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Parent/Guardian Signature

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Date

**PLEASE RETURN THIS PAGE TO THE HEAD COACH**