

## Accident Waiver and Release of Liability Form

I HEARBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND / OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, or organizers of this activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and liability, including but not limited to liability arising from the negligence or fault of the entities or persons or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Blair Youth Shooting Sports, LLC coaches, Assistants, Safety Officers, Score Keepers, and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims make as a result of participating in this activity or event, whether caused by the negligence or release or otherwise.

I acknowledge that Blair Youth Shooting Sports, LLC coaches, Assistants, Safety Officers, Score Keepers, and/or their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Blair Youth Shooting Sports, LLC.,

I acknowledge that this activity or event may invoice a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition or participants, equipment, vehicle traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Print Participant's Name	Age	Signature (if under 18 years old, Parent or guardian must also sign)	Date
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### PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents of legal guardian.

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Print Participant's Name	Age	Signature (if under 18 years old, Parent or guardian must also sign)	Date
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## I. INTRODUCTION

This Code is not a comprehensive guide of all issues that student athletes may face, but merely highlights specific problems. In dealing with issues not detailed in this Code, student athletes are expected to use common sense and their best moral judgment. If a student athlete has questions, please contact the Coach or any Board Member.

## II. COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS

Blair Youth Shooting Sports has a policy to observe all laws, rules, and regulations of government agencies and authorities, the Blair Junior and Senior High Schools, and the Eastern Cornhusker Trap Association. It is the sole responsibility of the Student Athlete and their Parent/Guardian to be knowledgeable of the laws, rules and regulations.

## III. POLICES

**Firearm Policy-** 1) Competitors must never direct the muzzle of any gun towards anyone. 2) Neither firearms nor ammunition is to be transported onto school properties. 3) During practice and competitions, firearms will be unloaded with actions open at all times proceeding taking your assigned post - this includes all movements between posts. 4) Firearms will be provided immediately upon request from the coaching staff, competition official or Law Enforcement Officer. 5) During the process of assessing gun fit by the Coaching staff or trained delegate, the muzzle of a gun that has been confirmed empty can be pointed at an instructor.

**Drug and Alcohol Policy** – Blair Youth Shooting Sports student athletes must not distribute, possess or use illegal or unauthorized drugs or alcohol. All prescription medications must be documented within the student athletes file.

**Violence Policy-** Blair Youth Shooting Sports does not tolerate violence including threats, threatening behavior, harassment, intimidation, assaults or similar conduct.

**Discrimination & Harassment Policy-** Blair Youth Shooting Sports prohibits discrimination and harassment of student athletes whether or not the incidents occur during practices or competitions.

## IV. COMPLIANCE WITH THE CODE

All Blair Youth Shooting Sports student athletes must know this Code and adhere to its guidelines. If questions arise please contact a member of the Coaching Staff, or Board of Directors.

## V. REPORTING ACTUAL OR SUSPECTED VIOLATIONS OF THE CODE

**Requirement to Report Actual or Suspected Violations of the Code:** Student athletes must report any actual or suspected violations of this Code to the Coaching Staff, or Board of Directors. Failure to report any actual or suspected violations of the Code is in itself a violation of this Code.

**Non-Retaliation Policy:** Student athletes will not be retaliated against or subject to any form of reprisal for raising a good faith concern under this policy or participating in an investigation into any such concerns. Retaliation is a serious violation of this Code and should be reported immediately.

**Investigation of Alleged Violations of the Code:** All inquiries, complaints, and reports will be promptly investigated. Student athletes are expected to cooperate in the investigation. Reasonable measures will be taken to preserve confidentiality of the claim and the identity of anyone who reports a suspected violation or participated in the investigation. If you are unsure whether a violation has occurred, Blair Youth Shooting Sports encourages you to seek advice from the Coaching Staff, or Board of Directors before acting.



## **VI. POLICY TOWARD VIOLATIONS OF THE CODE**

Blair Youth Shooting Sports takes all appropriate actions in investigating and addressing suspected violations of this Code, failure to report actual or suspected violations of the Code, or retaliation against whistleblowers. Student athletes that are found to have violated this Code or retaliated against whistleblowers will have their membership with Blair Youth Shooting Sports terminated.

## **ACKNOWLEDGEMENT FORM FOR CODE OF CONDUCT AND ETHICS**

I have read and am familiar with Blair Youth Shooting Sports Student athlete Code of Ethics and Conduct. I will comply with and enforce the policies in this Code in its entirety.

I understand my responsibility to promptly report any incident of misconduct or perceived misconduct that I may experience or witness. I further understand that Blair Youth Shooting Sports, LLC takes all appropriate actions in investigating and addressing suspected violations of this Code, and that violations of the Code or retaliation against whistleblowers will result in termination of my membership.

By signing this acknowledgement I am indicating that I have read and will abide by Blair Youth Shooting Sports Student athlete Code of Ethics and Conduct.

\_\_\_\_\_  
Student athlete Signature

\_\_\_\_\_  
Student athlete name (printed)

\_\_\_\_\_  
If under 18, a Parent or Guardian Signature

\_\_\_\_\_  
Date

# Blair Youth Shooting Sports

## Prospective Student-Athlete Health History Questionnaire

Competitor Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently under a doctors' or councilors care? (If Yes, explain below)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been diagnosed with any allergies and/or ever had an unfavorable / allergic reaction to any medications, food items, and/or stings / bites?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been diagnosed with asthma and/or exercised induced asthma?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently on any prescription medication? (if Yes, list below)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you use any illegal drugs?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has a physician ever denied or restricted your participation in sports due to any heart problems?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever had seizures or convulsions?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been told by a physician to restrict your sports activity or not to participate in a sport?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you aware of any reasons why you should not participate in Blair Youth Shooting Sports practices or Trap or Sporting Clays competitions?

If you answered **YES** to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail (use additional sheet(s) if necessary):

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I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld.

Recruit Signature

Print Name

Date

Parent / Guardian Signature (if younger than 18 years old)

Print Name

Date