

October:

25th: Our first practice @ the complex

November:

7th: Election Day – complex closed

December:

9th: Grace Baptist Tournament

16th: Southside Elementary Tournament

January:

6th: JMMS Tournament – our tournament...everyone will help

13th: HCCHS Tournament

27th: South Hopkins Tournament

February:

10th: MNHHS Tournament

Regionals will be sometime this month, normally around the 15th-16th

March:

2nd: West Hopkins Tournament

28-30th: State – Louisville EXPO center

Contact information: Rian McGuyer 270-875-0705

1. Practice times: Wednesday's 3:30-4:45/5pm (depending on if North follows behind us) at the archery complex.
2. Fees: \$125
 - a. Checks made to JMMS (archery in the memo)
 - b. Must be paid by November 6th.
 - c. Can be turned in during practice.
3. MUST have a NASP Genesis original bow. 6 Easton 1820 arrows are recommended.
 - a. Can be purchased on Amazon, Uncle Lee's, those kinds of places.
 - b. I have some friends also that have been selling their old bows.
4. We will test for eye dominance for those that have never participated in archery before. Your child may be right-handed but could possibly shoot left-handed.
5. You must be BAI certified to be able to help at any tournament.
 - a. There are classes local if you wish to become certified. I can find information about those if interested.
6. Archers MUST always wear closed toed shoes while shooting. This includes practices and tournaments. Crocs are included in this, although not recommended.
7. We will be hosting a tournament the weekend of Jan. 5th & 6th.
 - a. This will be ALL HANDS-ON DECK. There is set up the night before with concessions and getting the range ready for the tournament.
 - b. Parents MUST help with concessions, gate, and registration!!!

1. I will not cheat on my score, or I will be dismissed from the team.
2. I will not get in fights at school, or I will be dismissed from the team.
3. If I am in ICE, I cannot practice that day.
4. If I am in ICE on a Friday before a tournament, I cannot shoot in the tournament that weekend.
5. If I am absent from school on a practice day, I cannot practice that night.
6. If I am absent from school on a Friday before a tournament, I cannot shoot in the tournament that weekend.
7. If I check in school, I can practice that night.
8. If I check out of school sick, I cannot practice that night.
9. If I check out of school sick on a Friday before a tournament, I cannot shoot in the tournament that weekend.
10. Grades are sent to coach every week and if I cannot shoot/practice, the coach will contact my parent(s) about it.
11. Crocs ARE considered closed toe shoes per NASP, so you can wear them if you want, although tennis shoes or boots are preferred.

Student name: _____

Student signature: _____

Parent name: _____

Parent signature: _____

I, _____, parent of,
_____, give the following permission to sign
my child out from away tournaments.

The sign out person **MUST** be over the age of 25 for your child to leave with them, older siblings are fine! You may only have 4 people listed. If you need someone to sign your child out other than someone listed, you must notify me, Rian, 270-875-0705. Text works best, especially on tournament day.

Name	Relation to child	Phone
1. _____		
2. _____		
3. _____		
4. _____		



**2024 Student/Parent Waiver and Release of Liability Agreement
National Archery in the Schools Program®**

Local/State Qualifier/Regional/State/National Tournament and the NASP®/IBO 3D Challenge

KyNASP® State Tournament – March 28-30, 2024. Louisville, KY

National - May 9-11, 2024. Louisville, KY

In consideration and exchange for the opportunity of my child being allowed to participate in the 2023-24 National Archery in the Schools Program® (NASP®) Local/State Qualifier/Regional/State/National Tournament and the NASP®/IBO 3D Challenge, I agree as follows:

- (1) I am the Legal Guardian of _____ who has qualified for and is being allowed to participate in the 2023-24 NASP® Local/State Qualifier/Regional/State/National Tournament and the NASP®/IBO 3D Challenge;
- (2) On behalf of my spouse, minor child, our heirs, executors, administrators and assigns, hereby waive, release and forever discharge the NASP®, its officers, directors, employees, volunteers and sponsors from legal liability any and all actions, suits, damages, claims or judgments for damages or expenses that may result from any personal injury, loss of property or property damage, or any other claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, regardless of fault, arising from or by reason of my child being allowed to participate and compete in the 2023-24 NASP® Local/State Qualifier/Regional/State/National Tournament and the NASP®/IBO 3D Challenge;
- (3) In consenting or releasing for my minor child, I (we) do further hereby agree to protect the NASP®, its officers, directors, employees, volunteers and sponsors, against any actions, claims or demands by said minor child or by any other person or persons on account of damages of any character resulting in any way from said minor child's participation and competing in the 2023-24 NASP® Local/State Qualifier/Regional/State/National Tournament and the NASP® IBO/3D Challenge. We also hereby agree to reimburse and make good to the NASP® any loss, damage or costs it may have to pay as a result of any such action, claim or demand;
- (4) Should it be required during the tournament, I acknowledge that I authorize medical treatment of my child by a qualified medical professional;
- (5) I acknowledge I have been advised and made aware that there will be photographers and videographers at the event taking photos of participants during competition, and that I consent to allow NASP® to take pictures of my child and to use any photos, videos or likenesses of my child in future events or promotional efforts without compensation;
- (6) I, the undersigned, further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad as inclusive as is permitted by law, and that if any portion of it is held invalid by the appropriate court of competent jurisdiction, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect;
- (7) I, the releasor, have read and voluntarily sign this release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made;
- (8) I, the releasor, further state that I am of lawful age, am legally competent, and have full legal authority to sign this affirmation and release on behalf of my minor child; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act;
- (9) I, the releasor, have fully informed myself of the contents of this affirmation, waiver and release by reading it before signing it with full knowledge of its significance, intending to be legally bound thereby; and
- (10) I, the releasor, agree that should any lawsuit or other action, regardless of the nature of the claim arise under this agreement, it shall be brought in a court of competent jurisdiction within the Sheboygan, WI and tried without a jury. All parties to this agreement hereby submit to the jurisdiction of such courts.

Signature of Parent or Legal Guardian: _____

(Student's printed name) _____ (date) _____ / ____ / ____

(Student home address) _____

(Student's school name) _____

HOPKINS COUNTY FISCAL COURT WAIVER AND RELEASE OF LIABILITY

Note: This form must be read and signed before the participant is permitted to take part in the Archery activity. By signing this agreement, the participant affirms having read it.

In consideration of my involvement in the Archery Activity (hereinafter 'activity') owned or operated by Hopkins County, Kentucky or any affiliate thereof, I acknowledge, appreciate, and agree that:

1. I recognize that I risk bodily injury, including paralysis, dismemberment, disability, and death through participation in the activity;
2. I recognize that archery is potentially dangerous because of individual's varying degrees of proficiency;
3. I knowingly and freely assume all such risk; both known and unknown, even if arising from the negligence of others;
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, or if I observe any concern in my readiness for participation, I will refrain from participation in the activity;
5. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and promise not to sue Hopkins County, Kentucky, Hopkins County, Kentucky officials, employees, sponsors, affiliates, and/or agents, ("lessee") with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the lessee, the condition of the premises or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law; and
6. I hereby grant to Hopkins County, Kentucky, its licensees and contractees, including photographers, television and motion picture, rights, including to film or videotape me during participation in the activity, including but not limited to: narratives, personal interviews, or comments thereon for any and all commercial, news or other purposes together with the right to transfer or grant their rights to others, all without remuneration or compensation to me whatsoever.

I have read this Hopkins County Fiscal Court Waiver and Release of Liability Agreement fully and understand the terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature

Date

Participants Name (Printed)

Participant's Telephone Number

Participant's Street Address

Emergency Contact Information:

City State Zip Code

Name and Telephone Number

**HOPKINS COUNTY FISCAL COURT WAIVER AND
RELEASE OF LIABILITY FOR PARTICIPANTS OF MINORITY AGE**

This is to certify that I/We as parent(s)/ guardian(s) with legal responsibility for this Participant, for myself, and on behalf of my/our heirs, assigns, personal representatives and next of kin and the participant's heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and promise not to sue Hopkins County, Kentucky, Hopkins County, Kentucky officials, employees, sponsors, affiliates, and/or agents, ("releasees") with respect to any and all injury and loss arising from the Participant's participation in the archery activity, whether caused by the negligence of the releases, the condition of the premises or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law.

I/we further acknowledge that all provisions contained within the "HOPKINS COUNTY FISCAL COURT WAIVER AND RELEASE OF LIABILITY" are hereby incorporated within this 'HOPKINS COUNTY FISCAL COURT WAIVER AND RELEASE OF LIABILITY FOR PARTICIPANTS OF MINORITY AGE' and are applicable to this Participant.

Parent(s)'s/ Guardian(s)'s Signature(s)

Date

Parent(s)'s/ Guardian(s)'s Name (Printed)

Parent(s)'s/ Guardian(s)'s Telephone Number

Parent(s)'s/ Guardian(s)'s Street Address

City State Zip Code

Minority Age Participant's Name

Minority Age Participant's Address
(If Different from Parent(s)/Guardian(s))

Emergency Contact Information:

Name and Telephone Number