

**ROLLING PLAINS DISTRICT 3 4-H**

MEMO TO: Rolling Plains 3 County Extension Agents

August 23, 2025



FROM: Seth Hall  
Extension Program Specialist 4-H

SUBJECT: **DISTRICT 3 4-H TRAP SHOOT**

**Date: November 9, 2024**

Place: Iowa Park Gun Club  
1709 Wigley Road  
Iowa Park, TX 76367

We will host the District 3 4-H Trap Shoot on **Saturday, November 9, 2024 at the Iowa Park Gun Club**. All District 3 counties with shooting sports participants are invited to attend.

Registration will be open on 4-H Online from **September 1, 2024 to November 1, 2024**. Registration is a total of \$40.00 per shooter. **There will be no late registration this year.**

Each participant will need to have waivers found within this letter filled out & signed. Please bring both completed forms (3 pages) to the contest.

**\*\*\*NEW: We will no longer offer 2 and 3 man team shoots; this will be an individual contest ONLY.\*\*\***

Any and all changes due to illness or not coming, and release forms MUST be submitted no later than 8:45 the morning of the shoot.

**Schedule**

Practice will begin at 8:00 am.  
Last Practice Round Begins at 9:30 am.  
Safety Meeting begins a 9:45 Required for ALL Shooters  
Competition will start at 10:00 am.  
Awards will follow the contest.

Age divisions are determined by a participant's grade as of August 31, 2024, and are as follows:

Junior - 3rd, 4th, and 5th grades  
Intermediate - 6th, 7th, and 8th grades  
Senior - 9th, 10th, 11th, and 12th grades

**Awards:**

1<sup>st</sup>-10<sup>th</sup> place Individuals in each age division will receive banners.  
High Point and Reserve High Point Senior, Intermediate, Junior, Will Receive a belt Buckle

Agent Assignments:

All Agents with shooters are highly encouraged to attend as we will need help with organizing each of the 6 trap fields. Agents will be in charge of ensuring shooters are at the designated trap and keeping track of practice rounds.

- Each participant will shoot 50 targets and will need to have two boxes of shells for competition. Bring extra ammo for practice and shoot-offs. Please remind leaders and 4-H members of a new 4-H rule that will be enforced— **NO RELOADED AMMO ALLOWED unless it has been approved by a “certified reloader” (a person who has participated in a 4-H certified training.) Texas 4-H follows ATA rules regarding proper ammo sizes allowed during competition and we will follow those rules.**



- **Shooters will need to bring their own ammunition, there will be NO ammunition sold on sight.**
- **Practice Rounds will be \$10 each and will be sold at the shoot.(NO REFUNDS ON PRACTICE ROUNDS)**
- Remember to bring your own lawn chairs or blankets. Sunscreen is also a good idea. Also, if your county has certified shooting sports leaders, please encourage them to assist.
- Ties for Belt Buckles will have a shoot off, all other ties will be broken by reverse scoring
- ALL Decisions made by the committee regarding issues/incidents during the contest are final.
- We will follow Texas UIL recommendations for all weather-related incidents, should the event be cancelled the committee will make an effort to reschedule if possible.

If you need additional information, contact the district office or Justin Gilliam (940)-663-6301 or [J-Gilliam@tamu.edu](mailto:J-Gilliam@tamu.edu)

*Attachment (Three Pages)*

*Please complete the following forms for each participant. We will review them during check in.*

# RELEASE AND WAIVER OF LIABILITY AGREEMENT

I acknowledge that I voluntarily have chosen to enter the IOWA PARK TRAP CLUB, INC. shooting facility. I am aware that activities performed by members, guests of members, or anyone else include using firearms on Club property.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY AND ALL LIABILITY ACTIONS WHICH I MIGHT PURSUE AGAINST IOWA PARK TRAP CLUB, INC. FOR ANY AND ALL BODILY INJURY OR INJURIES, DEATH OR DEATHS, OR PROPERTY DAMAGE, INCLUDING ANY AND ALL LIABILITY ACTIONS ARISING OUT OF NEGLIGENCE ON THE PART OF THE IOWA PARK TRAP CLUB, INC., ITS AGENTS, OFFICERS, DIRECTORS AND/OR MEMBERS.

As consideration for being permitted by IOWA PARK TRAP CLUB, INC. to become a member, to participate in the aforementioned activities, to work at IOWA PARK TRAP CLUB, INC. or visit IOWA PARK TRAP CLUB, INC. I **forever release** IOWA PARK TRAP CLUB, INC., and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND IOWA PARK TRAP CLUB, INC., AND I ACCEPT IT OF MY OWN FREE WILL.

**RELEASOR PARENT OR GUARDIAN.** IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST REVIEW AND ACCEPT THIS WAIVER TOGETHER. Parent or Guardian: You verify that the dangers of the activities and the significance of this Release and Waiver were explained to your child and that your child understood them.

GUESTS ARE THE SOLE RESPONSIBILITY OF THE MEMBER OR MEMBERS WHO BROUGHT THEM TO THE CLUB. BY BRINGING A GUEST TO THE CLUB YOU AGREE TO ASSUME ALL RESPONSIBILITY FOR THEIR ACTIONS. ANY PERSON WHO ENTERS THE CLUB IS AUTOMATICALLY AGREEING TO PARTICIPATE IN THE WAIVER OF LIABILITY AGREEMENT. I verify this statement by signing this document and/or ENTERING IOWA PARK TRAP CLUB, INC. PROPERTY.

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PRINT PARENT/GUARDIAN \_\_\_\_\_

SIGN NAME \_\_\_\_\_ SIGN PARENT/GAURDIAN \_\_\_\_\_

# 2024-2025 TEXAS 4-H YOUTH DEVELOPMENT

## DISTRICT 3 4-H TRAP SHOOT

### CAMP & ENRICHMENT PROGRAM

#### WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

- 1. EXCULPATORY CLAUSE.** In consideration for receiving permission to participate in any and all activities of Texas 4-H (“activity”), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, (“sponsor”), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
- 2. INDEMNITY CLAUSE.** I am fully aware that there are inherent risks to myself, and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
- 3. NO INSURANCE.** I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity, so it seeks a waiver of claims as additional consideration for the right to participate  
so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
- 4. BINDS HEIRS.** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
- 5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital  
documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

- 6. NO STRICT RULES OF CONSTRUCTION. In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
- 7. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

8.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE  
LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING  
THIS DOCUMENT.**

SIGNED this \_\_\_\_\_ day of, 20 \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Parent or Legal Guardian Signature:  
(If participant is under 18 years old) \_\_\_\_\_

Parent or Legal Guardian Printed Name:  
(If participant is under 18 years old) \_\_\_\_\_

**In case of emergency, contact  
at the following number** \_\_\_\_\_

**If the participant has medical insurance, please  
indicate:**

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Name of Primary Policy Holder:** \_\_\_\_\_

**Primary Policy Holder Relationship to Participant:** \_\_\_\_\_

**Participants Primary Care Physician:** \_\_\_\_\_

**Participants Primary Care Physician Phone:** \_\_\_\_\_

**GENERAL HEALTH INFORMATION**

**My child's allergies, physical or medical conditions, and current  
medication(s) are as follows:** \_\_\_\_\_

As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature:

Date:

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