

MASON-DIXON CLAY BUSTERS INC.

PARTICIPANT INFORMATION:

Name: _____

Address _____

City, State & Zip _____

Gender _____ Age _____ Date of Birth _____ Shirt Size _____

E-mail address _____ Cell Phone _____

Alt E-mail address _____ Alt Phone _____

PARTICIPATION AGREEMENT:

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

In consideration for my being permitted to participate in the activities of Firearms Instruction, Training, and Competition which include, without limitation, the use of its services, equipment, and partner range facilities, I agree to the following;

I acknowledge that target shooting, all outdoor sports and activities, as well as the use of firearms in general has inherent risks, hazards, and dangers for anyone, that cannot be eliminated, particularly in an outdoor environment. I UNDERSTAND 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 injury from ammunition;
3. The risk of injury from ammunition shot from other guns;
4. Inclement weather conditions;
5. The risk of injury from riding in a motor vehicle.

I understand the risks, hazards and dangers as described above and have had the opportunity to discuss them. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY USING THE SERVICES OF THE MASON-DIXON CLAY BUSTERS INC. WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.

For and in consideration of being allowed to participate, I for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS THE MASON-DIXON CLAY BUSTERS INC., their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney's fees) which are related to arise out of, or are in any way connected with my participation in this activity including but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of these services, animals or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of THE MASON-DIXON CLAY BUSTERS INC., their directors, officers, agents, employees, and volunteers or from some other cause. I, for myself, my heirs, my successors, executors, and subrogee, further agree not to sue MASON-DIXON CLAY BUSTERS INC., their directors, officers, agents, employees, and volunteers as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of MASON-DIXON CLAY BUSTERS INC., their directors, officers, agents, employees, and volunteers.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

Signature of Participant: _____ Date: _____

Print Name of Participant: _____

If under 18, Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

MASON-DIXON CLAY BUSTERS INC.

PHOTO RELEASE:

I hereby grant the MASON-DIXON CLAY BUSTERS INC., permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the MASON-DIXON CLAY BUSTERS INC., and will not be returned. I hereby irrevocably authorize the MASON-DIXON CLAY BUSTERS INC., to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the MASON-DIXON CLAY BUSTERS INC., programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the MASON-DIXON CLAY BUSTERS INC., 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.

I HAVE READ THIS RELEASE BEFORE SIGNING BELOW AND I FULLY UNDERSTAND THE CONTENTS, MEANING, AND IMPACT OF THIS RELEASE.

Signature of Participant: _____ Date: _____

Print Name of Participant: _____

If under 18, Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

State Abbreviation: P A

Head Coach Last Name: BEARDSLEY



Scholastic Clay Target Program 2020 -21 Athlete Consent & Waiver



The **Scholastic Clay Target Program (SCTP®)** is sponsored by the Scholastic Shooting Sports Foundation (SSSF) and independent manufacturers and retailers in the shooting, hunting and outdoor trade industry (collectively, SCTP Sponsors). Joining SSSF in the SCTP is the National Shooting Sports Foundation (NSSF®), the National Skeet Shooting Association (NSSA), the National Sporting Clays Association (NSCA) and USA Shooting (USAS) which may also include their affiliated state associations (collectively, Governing Bodies).

SCTP Season: September 1st – August 31st

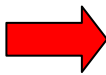
Team registration closes for the season 10 days prior to each discipline's SCTP State Championship OR June 1st – whichever comes first. ***Coaches. Please read the bottom of this form!**

Instructions: Before you can participate in the SCTP, this Consent & Waiver must be completed, signed by you and your parent/legal guardian if you are under the age of 18, and returned to your Head coach to submit to SSSF Headquarters along with \$25 membership fee. **New Consent & Waiver forms must be completed at the beginning of each SCTP season. (Sept. 1)**

This **original** waiver form must be signed and returned to:

SSSF / SCTP Headquarters, 925 Milwaukee Ave Ste B, Burlington, WI 53105

and a copy should be retained by the head coach. **PLEASE** ensure that all emails are current. Please read this form carefully, as it is a legal document that can affect your rights. *(Refer to the back of this form.)* There will be no refunds of paid memberships.



Team Id: 935	Team Name: Mason-Dixon Clay Busters		
Name:			
Address:			
City:		State:	Zip:
Phone:		Scholastic Grade Level (Fall – 2020):	
Gender: Male Female	Birthdate: ___/___/___		Shirt Size: (Adult) S – M – L – XL – 2X – 3X – 4X
Most Commonly Used E-mail Address (parent/family):			

Coaches: Athletes in the highest classification in any SCTP discipline must be classified in that same division for all disciplines for which they are registered. *(ref. SCTP Handbook)*

If Member – must provide NGB Identification Numbers

Age & School Verification

ATA# _____

Current School Attending (Fall, 2020)

NSSA# _____

NSCA# _____

High School Graduation Year
(If Collegiate, please also state HS Grad. Year)

USAS# _____

Classification

- | | |
|--|---|
| <input type="checkbox"/> Rookie
<i>(Grade 5 and Under)</i> | <input type="checkbox"/> Senior / JV
<i>(Grade 9 or first year of participation at the senior level.)</i> |
| <input type="checkbox"/> Intermediate / Entry
<i>(Grade 6 or first year of participation at the intermediate level.)</i> | <input type="checkbox"/> Senior / Varsity
<i>(Grade 10-12 after first year at the senior level.)</i> |
| <input type="checkbox"/> Intermediate / Advanced
<i>(Grade 7 or 8 after a first year at the intermediate level.)</i> | <input type="checkbox"/> Collegiate
<i>(Full-Time College Undergraduate – 26 years or younger.)</i> |

Reminder: NGB Memberships must be renewed each year before SCTP State Championships. All targets will be registered for Skeet, Sporting Clays, and ATA disciplines (with the exception of Handicap targets) at State & National Championships.

State Abbreviation:

P	A
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Head Coach Last Name: BEARDSLEY

Parents & Athletes: Please Read Carefully

In exchange for and as a condition of being allowed to participate in the SCTP, Athletes and Athlete's parent/legal guardian (if Athlete is a minor child) agree as follows:

1. Athlete acknowledges that the SCTP is a team-based program that provides TEAM competitions in trap, skeet, sportingclays, Olympic Bunker Trap, and International Skeet which involve the use of firearms. Athlete further acknowledges that the SCTP emphasizes and REQUIRES the SAFE HANDLING and USE of firearms at ALL VENUES or LOCATIONS where firearms are present. Failure to adhere to this requirement may be grounds for removal from the SCTP
2. Athlete requests to participate knowing and understanding that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. Athlete agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with Athlete's own participation, including without limitation the risk of serious bodily injury, death and property damage. Athlete further agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with the participation of others in the SCTP, including without limitation other competitors; instructors / coaches; staff or volunteers of SSSF, SCTP Sponsors, or the Governing Bodies; and audience members.

NOTE: Please be advised that it is not possible to list all of the activities and related risks that Athlete may encounter by participating in the SCTP. There may be risks that are not known to Athlete, or to other athletes of the SCTP, including staff or volunteers of SSSF, SCTP Sponsors or the Governing Bodies, and may not be foreseen or reasonably foreseeable by anyone at this time or at the time of the activities in which Athlete participates. Athlete agrees to assume all risks of serious bodily injury, death and property damage, and all other risks of participation in the SCTP, whether or not described to Athlete. Athlete understands that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. Athlete agrees to assume all risks of serious bodily injury, death and property damage that may occur due to, arising out of or in connection with Athlete's own participation or the participation of others in the SCTP.

3. Athlete further covenants not to sue and agrees to release, waive, and discharge the SSSF, SCTP Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers (collectively, "Released Parties"), from any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) that Athlete may suffer, directly or indirectly, due to, arising out of or in connection with Athlete's own participation or conduct (negligent or otherwise) in the SCTP or the conduct (negligent or otherwise) of other athletes in the SCTP, including without limitation, the conduct (negligent or otherwise) of the Released Parties.
4. To the fullest extent allowed by law, Athlete agrees to defend, indemnify and hold the SSSF, SCTP Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, harmless from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) by third parties (including Athlete's own family) for any bodily injury, death or property damage or other incident occurring due to, arising out of or in connection with Athlete's own participation or conduct (negligent or otherwise) in the SCTP.
5. Medical Attention: Athlete gives his/her consent to SSSF, Sponsors, the Governing Bodies and the host organization of any SCTP event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of his or her participation in SCTP events.
6. Athlete grants to the SSSF, SCTP Sponsors and the Governing Bodies permission to reproduce, publish, distribute, or otherwise use in any reasonable manner Athlete's name, photograph, likeness and statements in connection with the promotion of the SCTP, in all media, including, without limitation, the Internet, news articles, advertisements or other electronic or print materials. Athlete further covenants not to sue and agrees to waive, release and discharge the SSSF, SCTP Sponsors and the Governing Bodies, and all of their respective directors, officers, agents, employees and volunteers, from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and expenses (including reasonable attorney's fees and costs) arising out of or in connection with the use of Athlete's name, photograph, likeness and statements, including, without limitation, any and all claims for invasion of privacy, publicity, defamation and/or portrayal in a false light, copyright infringement and any claims and/or demands for compensation or royalties.
7. In the interest of safeguarding the safety, health and overall well-being of all personnel, participants, parents, and volunteers, all Athletes and parents are required to comply with the Communicable Disease Policy adopted by SASP. A copy of the Communicable Disease Policy is set forth below.
8. Athlete's signature below indicates that Athlete has read and fully understands this entire Consent & Waiver, and that it shall be binding upon Athlete, his representatives, heirs, assigns and next of kin.

Parents/Legal Guardians

9. As the parent or legal guardian of the Athlete, a minor child, I affirm that I have the authority to act on behalf of the Athlete and, as such, do hereby give my consent for the Athlete to participate in the SCTP. I declare that I have read and fully understand this entire Consent & Waiver, and that by signing below I agree that all of the provisions of this Consent & Waiver are equally binding upon me, my representatives, heirs, assigns and next of kin, as they are upon the Athlete.

**Athletes 18 years of age or older are not required to fill in the blue shaded area below but DO NEED to sign the "Athlete's Signature" below.*

Parent / Legal Guardian Name:		
Address:		
City:	State:	Zip:
Phone:	E-Mail Address:	
Parent / Legal Guardian Signature:		Date:
Athlete's Signature:		Date:

***NOTE TO COACHES:** A completed copy of this Consent & Waiver Form for each team member must be in your possession prior to registering any athlete. **You must retain a copy of the consent form, mail the original copy with the original signature to SCTP Headquarters**, \$25 per athlete and update athlete's profile on-line yearly. No athlete will be considered a SCTP Member until their completed consent form is entered on-line and on file at SCTP National Headquarters. **Coaches must comply with information requests from headquarters. Failure to produce the required information will result in removal from the program. Membership fees are non-refundable for any reason!**

It is YOUR responsibility to verify that the classification information is correct. If you determine there is an error in the information you have submitted, contact SCTP Headquarters immediately! No corrections to an athlete's classification will be considered once the SCTP State Championship Squad Entry Form has been submitted (per discipline). If it is determined that the classification information is incorrect for a squadded athlete, the entire squad involved with the individual in question will be disqualified from participating in that discipline for the balance of the SCTP season.

ALWAYS fill in your Team State abbreviation & your last name at the top of every form being submitted.

Communicable Disease Policy for Athletes and Volunteers

The world health community, including various government agencies, monitors closely the emergence, spread, and management of pandemic and other communicable diseases. The public health emergency that has resulted from the spread of the coronavirus (COVID-19) has educated organizations, including SSSF, about the essential steps to be taken to protect employees and those they serve. To maintain a safe environment by adopting practices that are designed to protect the health of athletes, volunteers and others who attend our events, SSSF has adopted this Communicable Disease Policy for Athletes and Volunteers.

We also want to ensure the continuity of business operations to the extent possible during a pandemic disease. The policies described below are intended to achieve these objectives. As always, our efforts will be guided by and in accordance with all applicable federal, state and local laws and the guidances issued by public health agencies and governmental entities. We will continue to monitor information and advice on this important issue and modify or supplement these policies as necessary. If you have questions or concerns, please contact your head coach, state advisor or national staff member.

Preventing the Spread of Disease At Events

We ask all athletes and volunteers to cooperate in taking steps to reduce the transmission of disease when they are attending and participating in SSSF-sponsored meetings and events. The following steps are strongly encouraged:

- Stay home if you are ill or experiencing any symptoms.
- Follow respiratory etiquette, by covering your mouth if you sneeze or cough, and discarding tissues used when sneezing.
- Practice social distancing by maintaining a distance of at least six feet from other people, to the extent practicable.
- Wear cloth face coverings whenever social distancing cannot be maintained.
- Engage in frequent hand washing with warm, soapy water for at least 20 seconds.
- Use alcohol-based hand sanitizers that are provided to you at events.
- Regularly clean and disinfect surfaces and equipment at meetings and events.
- Report any health or safety concerns to your head coach and event director (if at an event).

Reporting Procedure

Those athletes and volunteers who demonstrate signs or symptoms of a communicable disease that poses a credible threat of transmission at events are asked to report that potential infection or disease immediately to your head coach and event director (if at an event).

Staying Home When Ill

During flu season and/or a pandemic disease, it is critical that athletes and volunteers do not attend or participate in events while they are ill and/or experiencing the following symptoms: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Currently, the Centers for Disease Control and Prevention recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Contact your personal physician or check the Centers for Disease Control and Prevention's website at <https://www.cdc.gov/> for recommendations about returning to normal activities following any sort of influenza-like illness.

If SSSF determines that an athlete's or volunteer's continued presence at events poses a risk to the health or safety of the volunteers, athletes and/or others in attendance, the individual must submit a statement from his or her attending health care provider that his or her continued presence poses no such risk.

State Abbreviation:

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Head Coach Last Name: BEARDSLEY



Scholastic Clay Target Program
2020-21 Medical Consent Form



Team Name: Mason-Dixon Clay Busters		
Athlete Name:		
Address: (no PO Boxes)		
City:	State:	Zip:

In the event that the Athlete may require emergency medical care, or in the event Athlete may become ill, while participating in the Scholastic Clay Target Program, Athlete (and Athlete’s parent/legal guardian if Athlete is a minor) hereby gives advanced consent to the Scholastic Shooting Sports Foundation, SCTP® Sponsors and Governing Bodies, including their respective volunteers, to provide, through a medical staff of their choice, necessary or advisable medical care and treatment to Athlete.

Athlete (and Athlete’s parent/legal guardian if Athlete is a minor) further agree to pay any and all medical costs, expenses and charges and to release, waive, discharge and hold harmless the Scholastic Shooting Sports Foundation, SCTP® Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, from and against any liability or any claim or demand arising from or connected with such medical care and treatment.

Athlete Printed Name:	
Athlete Signature:	Date:
Parent / Legal Guardian Printed Name:	
Parent / Legal Guardian Signature:	Date:

Name:		Relationship To Athlete:
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
E-mail Address:		

! This form is to be retained by the Head Coach. DO NOT send this to Headquarters!

State Abbreviation:

P	A
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Head Coach Last Name: BEARDSLEY



Scholastic Clay Target Program 2020-21 Sportsmanship Contract



The Scholastic Clay Target Program (SCTP) places a strong emphasis on sportsmanship and safety. As part of this effort, parents/guardians are asked to read and discuss the elements of this Sportsmanship Contract with their child athlete. This is a contract between the Scholastic Shooting Sports Foundation and the parent/guardian and his/her child. The signatures on this form signify agreement to comply with the provisions of this contract.

IMPORTANT! A parent or guardian and his/her child (athlete) must sign and return THIS FORM along with a signed PARENTAL CONSENT FORM to the team's Head Coach.

Parents:

I understand the Scholastic Clay Target Program's first and foremost priority is safety. I will enforce the SCTP's safety standards with my child at all times. I will encourage my child and other team members to have fun. I will behave as a positive role model, respect the goals of the SCTP, and reinforce the character values of good sportsmanship, teamwork, and self-discipline. I agree to stay off the shooting field. Any problems or criticisms will be presented in a positive way to the coaches or a designated assistant. I will refrain from criticizing other shooters, coaches, using abusive language, or consuming alcohol or drugs before or during all SCTP activities that I attend. I understand that unsportsmanlike behavior on my part may result in me being asked to leave the area. Such actions on my part could also result in my child being disqualified or even removed from the SCTP.

By signing this form, I affirm that I have read and understand the behavioral standards for parents as stated above and the behavioral standards for my child as stated below, and that I agree to abide by the stipulations therein.

Parent or Legal Guardian's Signature:	Date:
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Athletes:

I understand shooting on a SCTP team is a privilege. I agree to act responsibly and follow all safety rules while participating in the SCTP. I will encourage and support my teammates, cooperate and show respect to my coaches, and represent the team in a positive manner both at practices and in competition. I will set specific attainable goals, attend practices with a positive attitude, practice good sportsmanship at all times, and comport myself as a lady or gentleman at all times. I understand that unsportsmanlike behavior on my part may result in my disqualification and even expulsion from the SCTP. I will not lie, cheat, or steal nor tolerate those who do.

By signing this form, I affirm that I am academically eligible to participate in extra-curricular activities as set forth by my school, that I have read and understand the behavioral standards for athletes as stated above, and that I agree to abide by the stipulations therein.

Athlete's Signature:	Date:
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! This form is to be retained by the Head Coach. DO NOT send this to Headquarters!