

State Abbreviation: A Z

Head Coach Last Name: Schultz #1070



## Scholastic Clay Target Program 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.

<b>Parent or Legal Guardian's Signature:</b>	<b>Date:</b>
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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.

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

State Abbreviation: 

A	Z
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Head Coach Last Name: Schultz #1070



## Scholastic Clay Target Program Medical Consent Form



<b>Team Name:</b> Rio Salado Target Terminators 1070		
<b>Athlete Name:</b>		
<b>Address:</b> (no PO Boxes)		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

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.

<b>Athlete Printed Name:</b>	
<b>Athlete Signature:</b>	<b>Date:</b>
<b>Parent / Legal Guardian Printed Name:</b>	
<b>Parent / Legal Guardian Signature:</b>	<b>Date:</b>

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

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



## Code of Conduct Policy and Procedure

Safety is the number one priority at any shooting event.

While participating in shooting sports the athlete and their parents/guardians, must adhere to the following code of conduct. All shooters must always conduct themselves in a safe and professional manner while at a shooting range without exception.

### *PROHIBITED CONDUCT*

#### *Major Offences*

- 1) Use of foul, offensive language or threatening language
- 2) Acts or threats of violence
- 3) Endangering, threatening, or causing physical harm to any spectator, member of the SCTP, or to oneself, causing any person to reasonably fear for their safety.
- 4) Pointing of firearms (of any kind) at other individuals
- 5) Use of alcohol or tobacco products
- 6) Violation of any criminal law of the State of Arizona related to the misuse of firearms or violence against another person.
- 7) Destruction or defacing of any property including but not limited to graffiti.

#### *Minor Offences*

- 1) Horseplay
  - a. i.e. play fighting, running or jumping on objects
- 2) Aggressive behavior
  - a. Throwing of equipment (hats, shells, etc.)
  - b. Rough handling of firearms
- 3) Dress code violations
- 4) Violation of any criminal law of the State of Arizona that is not classified as a felony
- 5) Knowingly giving false and misleading information to a coach or Game and Fish official.

#### *Safety Rules*

- 1) Eye and ear protection is required on the shooting field at all times
- 2) A hat with the brim facing forward is required for skeet and/or sporting clays
- 3) When gun is carried with muzzle pointed upward, the muzzle must be above the carriers head, never under the brim of the hat
- 4) AT NO TIME SHOULD A MUZZLE BE PLACED ON THE TOE OR FOOT, this will result in immediate disqualification from the match
  - a. The muzzle can be placed on a rubber pad or carpet mat on the shooting station
- 5) Your finger must be kept off the trigger until your gun is mounted and you are ready to call for the target
- 6) Your gun MUST be open and empty at ALL times except when on the station prepared to shoot
  - a. Break action guns may have the action closed provided the gun is secured in a gun rack



- 7) You may ONLY load your firearm once you are on your shooting position and it is your turn to shoot
  - a. Trap shooters are permitted to have a shell in the chamber with the action open provided they remain facing downrange on their station and the range is “hot”

### *SANCTIONS*

When an athlete is believed to have committed a major offense the Lead Instructor will report the incident to the Shooting Sports Coordinator at the Arizona Game and Fish Department immediately. The Department will immediately conduct an investigation during the investigation the athlete will be suspended. If the offense is confirmed the athlete will be suspended from the program for the minimum duration of one season. Major offenses may also result in expulsion from the program. After an athlete has been suspended, reinstatement may occur only on athlete appeal (see athlete appeal).

When an athlete is determined to have committed a minor offense or violation of the safety rules, the Lead Instructor and coaching staff will determine the duration of the athlete suspension. The incident and suspension will be reported by the Lead Instructor to the Department. The Department will review the findings by the lead instructor and may revise the finding and/or sanction.

Safety violations during SCTP events will result in one warning to the athlete. A second safety violation will result in the disqualification of the individual from the event. The exception to this is any incident involving major offenses or the placement of muzzles on an athlete’s toes which will result in immediate disqualification.

The Department retains the right to review any suspension. The decision of the Department after any review is final. The Department and Lead Instructor have the right to remove an athlete from SCTP for failure to adhere to the shooters code of conduct and/or sportsmanship and ethics contract at any time.

### *ATHLETE APPEAL OF SUSPENSION*

An athlete removed from the program for first time major offenses may appeal for next season reinstatement. In no scenario will an athlete be reinstated for the same season in which they were suspended for major offences. The athlete is the only individual who may petition for reinstatement. No parent/guardian or coach may do it on their behalf.

An athlete petitioning for reinstatement must demonstrate that he or she is aware that there is no tolerance for that type of behavior in this shooting program. The athlete must demonstrate understanding of the code of conduct, sportsmanship and ethics, how it applies to the shooting sports and in which way they violated the code of conduct and the spirit of the codes. The appeal must be accompanied by a letter explaining why they should be reinstated into the program directed to the Shooting Sports Coordinator.



This information will then be evaluated by an appeal board at the Arizona Game and Fish Department composed of the Shooting Sports Coordinator, Hunting and Shooting Sports Program Manager, Wildlife Recreation Branch Chief, an individual from the Department's Law Enforcement Branch, and a member of the advisory council. If needed, the petitioner will be asked to appear before the board. The Appeal Board will evaluate all information and decide on possible reinstatement.

Once the Appeal Board determines that reinstatement is possible it will be the final determination of the Lead Instructor of the Club if they will accept the athlete back into their club for the next or subsequent seasons. If the Appeal Board denies reinstatement the athlete may appeal the following year. Only one appeal per season will be permitted.



**Team: Rio Salado Target Terminators**

**Lead Coach: Jeff Schultz**

*Sign and return this portion to your Lead Instructor.*

By participating in the SCTP you are agreeing to the code of conduct and athlete sportsmanship and ethics contract. You are agreeing to accept instruction from a certified SCTP Coach in an organized SCTP activity. You and your parents/guardians understand that the Lead Instructor can issue warnings to participants for code of conduct, safety and ethic violations. You acknowledge that you may be suspended or expelled from the SCTP program for violations of the code of conduct or sportsmanship and ethics contract.

Participants must have a parent or guardian present at events or training programs.

I understand and agree to the safety rules, code of conduct, rules and procedures, and sportsmanship and ethics codes.

\_\_\_\_\_  
Name of Student Athlete (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand that my child/children are bound by the guidelines set forth and I as their parent or guardian agree to abide by the code of conduct rules and these guidelines as well.

\_\_\_\_\_  
Name of Parent or Guardian (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Rio Salado Sportsman's Club, Inc.

## Period Covered: 9/1/21 thru 8/31/22

### WAIVER OF LIABILITY RELEASE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_, wish to engage in firearms shooting at

**Rio Salado Sportsman's Club, Inc., 3960 North Usery Pass Road, Mesa, AZ 85207**

I understand that engaging in these activities may be hazardous, with accompanying risks of personal injury, death, and/or loss or damage to my property. In consideration of my participation in such shooting activities, I, on my own behalf and that of my heirs, successors, representatives, administrators and assigns, hereby:

1. Waive and completely release any and all, past, present or future claims, causes of action, suits, rights, damages, costs, expenses or obligations or demands of any kind whatsoever, I, or anyone on my behalf might have against Rio Salado Sportsman's Club Inc., its parent, affiliates, subsidiaries or successor and their respective officers, directors, servants, employees, agents, representatives and contractors (together "RSSC"), for any loss, damage, personal injury, death and/or loss or damage to my property resulting from my participation in such shooting activities;
2. Agree to indemnify, defend and hold harmless RSSC, from any and all claims by any person, firm, corporation or others, for any damages, loss or claims, of any nature, arising in any way out of my participation in such shooting activities; and
3. Assume all risks associated with such activities and all responsibility for medical expenses, costs and/or other obligations and other losses or injuries to me or in which I may become involved, by reason of my participation in such shooting activities at the aforementioned facility or event.

**I further certify that I am over eighteen [18] years of age and have read and understand this Waiver of Liability and have executed this instrument voluntarily on this date.**

SIGNED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature (or Parent/Legal Guardian if above is a Minor)

\_\_\_\_\_  
Printed Name (or Parent/Legal Guardian if above is a Minor)

### MY COMMITMENT TO SAFE GUN HANDLING

Anyone who uses a firearm has a responsibility to themselves and others to use the firearm safely.

I acknowledge that I am familiar with the basic rules of firearm safety and that those basic rules have been explained to me. I agree to follow all of the basic rules of firearm safety at all times during my use and handling of any firearms.

The safe use of firearms dictates that I understand and agree to follow all of these instructions:

- I WILL TREAT EVERY FIREARM AS IF IT WERE LOADED.
- I WILL ALWAYS KEEP THE FIREARM POINTED IN A SAFE DIRECTION.
- I WILL NOT PLACE MY FINGER ON THE TRIGGER OR IN THE TRIGGER GUARD UNLESS AND UNTIL I AM READY TO FIRE.
- I WILL ALWAYS WEAR APPROPRIATE EYE AND EAR PROTECTION.
- I WILL NEVER PASS THE FIREARM TO ANYONE WITHOUT OPENING AND KEEPING OPEN THE CYLINDER OR THE ACTION TO VERIFY THAT IT IS UNLOADED.
- I WILL ALWAYS FOLLOW THE COMMANDS OF THE RANGE OFFICER.

**I understand these basic rules of firearms safety and I agree to follow them at all times.** \_\_\_\_\_  
Initial

## Rio Salado Target Terminators - Communicable Disease Policy for Athletes/Volunteers/Spectators

To maintain a safe environment, Rio Salado Target Terminators (RSTT) has adopted the following Communicable Disease Policy and practices that are designed to protect the health of athletes, volunteers and others who attend our events. We want to ensure the continuity of our program 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 guidance 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.

### Preventing the Spread of Disease at Events

**We will require that the following protocols be adhered to by all athletes, volunteers, and family members while at the shooting range, or you will be asked to leave the range. These guidelines are subject to additions and/or revisions at any time:**

- Stay home if you or anyone in your household are ill or experiencing any symptoms, or have had contact with anyone who has tested positive for COVID-19 in the past two weeks.
- Wear cloth face mask covering both nose and mouth at all times when outside of vehicles. (Face shields alone are not acceptable). If you are unable to wear a mask, please remain in your vehicle.
- Practice social distancing by maintaining a distance of at least six feet from other people, to the extent possible (except for families, or when an athlete is working with a coach).
- Engage in frequent hand washing with warm, soapy water for at least 20 seconds.
- Use alcohol-based hand sanitizers that are provided – including but not limited to before and after handling firearms.
- Regularly clean and disinfect high touch/shared 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 RSTT 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.

**I HAVE READ THIS COMMUNICABLE DISEASE POLICY, AND FULLY UNDERSTAND ITS TERMS, AND AGREE TO FOLLOW ALL THE ABOVE PROCEDURES WHILE AT RIO SALADO TARGET TERMINATOR EVENTS.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



**Rio Salado Target Terminators – Waiver/Release for Communicable Diseases including COVID-19**

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate in the Rio Salado Target Terminators program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest coach immediately; and also inform the head coach of the incident,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Rio Salado Target Terminators, their coaches, volunteers, and/or other participants, sponsoring agencies, sponsors, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Note: The signed waiver/release shall be kept on file by Rio Salado Target Terminators for at least 7 years and possibly longer if the athlete has contracted a serious illness.

# Photo Release

I hereby authorize Rio Salado Target Terminators, Rio Salado Sportsman’s Club, Arizona Game & Fish, SSSF, SCTP, Sponsors, Teams, Clubs, Associated Shooting Ranges, Associated State Agencies, and the National Governing Bodies, and all respective directors, officers, agents, employees, or any representative, coach or volunteer of any of these organizations, to take and publish photographs taken of my family and/or the undersigned minor children, and include our names in that document. I give permission to reproduce, publish, distribute, or otherwise use in any reasonable manner our names, photographs, likeness and statements in connection with the promotion of the SCTP or shooting sports, in all media, including, without limitation, the Internet, news articles, social media accounts, advertisements or other electronic or print materials.

I release all listed above from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize these organizations to use their photographs and names.

I have no rights to any monetary reward as a result of these photos being used.

I acknowledge that participation in any publications, websites and social media accounts produced by these organizations confers no rights of ownership whatsoever. I agree to waive, release and discharge all of these organizations, their contractors, employees, coaches or volunteers from liability for any claims, demands, actions, suits, proceedings. Liability damages, losses, judgments and expenses by me or any third party in connection with my participation or the participation of the undersigned minor children 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.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Name and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_