

**Rio Salado Target Terminators  
Information Sheet**

**Athlete Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**Grade Level:** \_\_\_\_\_ (i.e. 6<sup>th</sup>, 7<sup>th</sup>)      **School Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_      **Have you previously participated in SCTP?** \_\_\_\_\_

**Please list Club if different than Rio Salado:** \_\_\_\_\_

**Are you a member of Rio Salado Sportsman's Club:**

**Adult T-shirt Size:**

**Father's Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Other Guardians:** \_\_\_\_\_

**Emergency Contact – other than parents:      Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Any other emails that you want our info or reminders sent to – such as athletes that drive themselves or Grandparents that provide transportation to practice:**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Any medical conditions we should be aware of taking into account the nature of the activity:** \_\_\_\_\_

\_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date** \_\_\_\_\_



# Rio Salado Sportsman's Club, Inc.

## Period Covered: 9/1/\_\_\_ thru 8/31/\_\_\_

### 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

# 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: \_\_\_\_\_

State Abbreviation: 

A	Z
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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 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		
<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, partners 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, partners 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>

Parent/Legal Guardian:

<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!**