State Abbreviation:		
	\Box	

lead	Coach	Last	Name:	



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).

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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. <u>Please read the bottom of this form!</u>

Instructions: Before you can participate in the SCTP, this Consent & Waiver <u>must</u> 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 <u>original</u> waiver form must be signed and returned to:

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

(Grade 6 or first year of participation at the intermediate level.)

(Grade 7 or 8 after a first year at the intermediate level.)

☐ Intermediate / Advanced

and <u>a copy should be retained by the head coach</u>. **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:	Team Name:	Team Name:		
Name:				
Address:				
City:		State:	Zip:	
Phone:		Scholastic Gra	Scholastic Grade Level (Fall – 2020):	
Gender: Male Fem	ale Birthdate://	Shirt Size: (Ad	Shirt Size: (Adult) S – M – L – XL – 2X – 3X – 4X	
Most Commonly Used E	-mail Address (parent/family):	1		
which they are registered. (re	ef. SCTP Handbook)	ine must be classified in tha Age & School Verificatio	t same division for all disciplines for	
•	·			
TA#		Current School Attending (Fall, 2019)		
SSA#				
SCA#		High School Graduation Year (If Collegiate, please also state HS Grad. Year)		
SAS#			ate 110 Gradi Tedij	
	<u>Cla</u>	assification		
☐ Rookie (Grade 5 and Under)		□ Senior / JV (Grade 9 or first year	of participation at the senior level.)	

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.

□ Collegiate

(Grade 10-12 after first year at the senior level.)

(Full-Time College Undergraduate – 26 years or younger.)

Head Coach Last Name:

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, sporting clays, 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 Bo dies, 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) 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.
- 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 statement s, 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.
- 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

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.

SSSF Form: #SCTP_ACW Page 2 of 2 rev. 08/2019

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 III

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.