

2023 Killeen ISD Education Foundation
Bill Yowell Memorial Sporting Clays Classic
Liability Waiver and
Hold Harmless Agreement

In consideration of the KISD Education Foundation accepting the Sporting Clays Tournament entry, I, the participant, intending to be legally bound **do hereby waive and forever release** any and all right and claims for damages or injuries that I may have against Killeen ISD; the Killeen ISD Education Foundation; Farris Wheel, Tara Farms, Tournament Targets. and all of their agents assisting with the event, including sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. Participants and/or students agree to be self-responsible and to **indemnify and hold harmless** the District, its Trustees, employees and agents from all claims made by third parties against it or them which result from actions on the experience.

This release includes all injuries and/or damages suffered by me in the course of the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that participation in a sporting clays tournament could be a potentially hazardous activity. I understand the inherent danger in the use of firearms that could result in injury or death. I should not enter or participate unless I am medically able to do so and properly trained. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in a sporting clays tournament. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any tournament official relative to my ability to safely complete the tournament. I certify as a material condition to my being permitted to enter this tournament that I am physically fit and sufficiently trained for the completion of this event.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (*or a parent or adult guardian for all children under 18 years*) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic recording of this event for legitimate purposes.

Participant Name: _____
(child participant OR adult participant)

Participant Email address: _____

Participant Signature: _____
(adult participant – 18 years and older)

Date: _____

Parent/Legal Guardian Name of student _____

Parent/Legal Guardian Signature of student _____

Date: _____

**Email the signed waiver to Joyce.Hodson@killeenisd.org