

**ARLINGTON HIGH SCHOOL TRAPPERS AGREEMENT AND  
FULL RELEASE**

**YOUR ARE MAKING A FULL AND COMPLETE RELEASE. READ THIS  
DOCUMENT CAREFULLY BEFORE SIGNING**

The undersigned on my own behalf and on behalf of minors for whom I am the parent or legal guardian (the "Permitees") and on behalf of such Permitees personal representatives, heirs and next of kin, and in consideration of being granted permission to participate in the Arlington High School Trap Team (the "Team"), for social and recreational benefit, including without limitation, to shoot trap, sporting clays, or skeet, and recognizing that while participating in Team practices and /or events the Permitees will be around, about or engaging in potentially hazardous activities which may include the risk of harm to the Permitees, their heirs, executors, administrators, representatives, successors and assigns, do nevertheless accept and assume the risk of such harm, and being of lawful age, do hereby release and forever discharge the Arlington High School Trap Team, Arlington High School, Shelby County Schools, their officers, trustees, agents, representatives, affiliates, employees, coaches or anyone working on their behalf (collectively the "Releasees") from any and all claims, demands, rights and causes of action (including but not limited to negligence and/or gross negligence), costs, expenses, compensation, attorney's fees, incidental or consequential damages, damages of any kind, or any other thing whatsoever, which the Permitees now have, have ever had, or which we may have arising out of or relating to their participation in the Team or any of its activities, whether participating in shooting activities or otherwise, including but not limited to personal injuries, death and property damage.

I understand that this is an unconditional, unqualified Release and includes all claims of every kind, character or nature which the Permitees could, may or might assert, in any and all capacities, in connection with the aforementioned use of the Property and this Release expressly inures to the benefit of every person, firm, corporation or entity that might have been legally liable by reason of such incident. If any provision of this Agreement shall be held to be invalid by a court of competent jurisdiction, then that word or provision (and that word or provision only) shall be excised and all remaining provisions of this Agreement shall remain in full force and effect.

This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital. I further state that I have read this Release, know the contents thereof, and sign the same as my own free act.

**I HAVE READ THIS AGREEMENT AND FULL RELEASE AND UNDERSTAND  
AND ACCEPT ITS TERMS.**

DATE \_\_\_\_\_

\_\_\_\_\_  
TEAM MEMBER SIGNATURE

\_\_\_\_\_  
TEAM MEMBER PRINTED NAME

DATE \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN SINGATURE  
(if a minor)

\_\_\_\_\_  
PARENT PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP TO MINOR

# ARLINGTON HIGH SCHOOL TRAPPERS CONDUCT CONTRACT

Knowing that participation on a team that represents a school demands a demeanor that reflects a positive image of the school, I agree to abide by the following rules and to conduct myself in a manner that exemplifies good sportsmanship and a positive role model at all times.

## TRAPPERS GOLDEN RULES – ZERO TOLERANCE

- 1) **SAFETY IS PARAMOUNT AT ALL TIMES. This is a zero tolerance issue. You must follow ALL range rules and commands.**
- 2) **The speed limit at MSSA is 15 MPH. You are expected to adhere to it. This is a zero tolerance issue. You will be removed from the range if there is a violation of this rule.**
- 3) **Shelby County Schools has a zero tolerance policy regarding weapons on any school campus. This includes the parking lot. DO NOT bring your shotgun to school in your vehicle.**
- 4) **The use of drugs, alcohol, or tobacco in any form is strictly prohibited at any practice or competition. This is a zero tolerance issue.**

### **I agree to:**

- 1) Wear appropriate attire (closed toe shoes only, no flip-flops or sandals allowed) and safety gear (approved eye and ear protection). The uniform for competition is khaki shorts or pants as approved by the Coach, team shirt, team shooting vest and optionally your team cap.
- 2) Maintain a passing grade point average in at least five subjects in order to compete. Students will be required to present the Coach or his representative a current copy of their report card at the end of each grading period. Students who do not pass five subjects the previous school year will not be able to participate in the first semester until passing averages are received in five by the end of the first semester. Students must be satisfying the school's attendance requirements.
- 3) Provide the following documents prior to participation:
  - a) Proof of a current (not prior May 1) physical examination
  - b) Signed agreement and full release
  - c) Signed conduct agreement (contract)
  - d) SCTP and ATA registration forms
- 4) Attend practice in order to be on the team. There are no excused absences for conflicts with other team sports or jobs. If you attended school the day of practice, you are expected to be at practice. You should schedule your work around practice. If there has been a last minute change in the practice schedule, you may be excused due to work if the absence is approved in advance by the Coach. Shooters must make at least 60% of scheduled practices in order to be considered for one of the first three squads.
- 5) Be courteous to fellow students, parents, and the Coach. No yelling or physical contact. **ABSOLUTELY NO HORSEPLAY** (hitting, pushing, etc).
- 6) Keep fees up to date.
- 7) Abide by all rules of MSSA or any other range we may visit.
- 8) All Arlington team members have used up their lifetime "guest" visits at MSSA and cannot shoot as a guest of anyone. In order for Arlington Trappers to shoot at MSSA outside of an organized team practice, they must become a member of MSSA.

I understand that if I am found to be in violation of any rule will be given a warning. Three warnings of any kind will result in removal from the team for cause. One violation of a zero tolerance issue will result in immediate removal from the team for cause. There will be no refunds of dues/fees paid if a student is removed from the team for cause.

**I am in possession of the Arlington High School Trappers Handbook and have read it.**

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_ Coach Signature \_\_\_\_\_

# Parental Informed Consent Agreement and Medical Release For Trap Shooting Activities

I understand that participation in the Trap Shooting activities offered through Arlington High School and Shelby County Schools, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact the Arlington High School Trap Shooting Team is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my

(son/daughter), I have give \_\_\_\_\_ (name), my son/daughter, my consent to participate in all activities organized by the team including practice and competitive events. I hereby grant Kermit A. Simons full authority to take whatever actions he may consider warranted under circumstances regarding my child's health and safety. I understand that this is a supervised program and that group standards must be observed. I promise to support and uphold standards for behavior set forth by Mr. Simons. I will accept the suggestions, instructions and recommendations of Mr. Simons in all matters relation to personal conduct and safety.

I certify that this participant can meet the health and fitness requirement of this activity.

**Medical conditions that warrant special attention as well as any medications that will accompany my child and/or instructions for administering the listed medications will be listed at the bottom of this Consent Agreement. My child may be treated for medical ailments except as noted below. In the event of illness or injury to my son/daughter while involved in this activity, I consent to the rendering of First Aid, X-ray examination, anesthesia, and/or surgical diagnostic procedures or treatments considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of serious illness or injury, reasonable efforts to reach me will be made.**

I further agree to hold the Arlington High School Trap Shooting Team, Arlington High School, Shelby County Schools, their officers, trustees, agents, representatives, affiliates, employees, coaches or anyone working on their behalf from any and all claims, demands, rights and causes of action (including but not limited to negligence and/or gross negligence), costs, expenses, compensation, attorney's fees, incidental or consequential damages, damages of any kind, or any other thing whatsoever, whether participating in shooting activities or otherwise, including but not limited to personal injuries, death and property damage.

**I HAVE COMPLETELY READ AND FULLY UNDERSTAND THE FOREGOING RELEASE AND AGREE TO BE BOUND THEREBY:**  
(This form must have the signatures of both parents/guardians.)

|                     |                     |
|---------------------|---------------------|
| _____               | _____               |
| Print Name (PARENT) | Print Name (PARENT) |
| _____               | _____               |
| Signature           | Signature           |
| _____               | _____               |
| Phone No.           | Phone No.           |
| _____               | _____               |
| Date                | Date                |

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance \_\_\_\_\_ ID Number \_\_\_\_\_

Claim Address \_\_\_\_\_ Claim Phone number \_\_\_\_\_

Allergies to food/drugs/etc. \_\_\_\_\_

Prescribed medication, including dosage and reason for medication \_\_\_\_\_

Known physical limitations \_\_\_\_\_

Student (Print Full Name) \_\_\_\_\_ Date \_\_\_\_\_

Student SSN \_\_\_\_\_ Birth Date \_\_\_\_\_