11th Annual Jim Johnson Memorial

Youth Sporting Clays Tournament

Consent & Waiver

INSTRUCTIONS: Before you can participate in the J&H youth tournament, this Consent & Waiver must be completed, signed by you and your parent/legal guardian, and returned to J&H.

Name_____

Please print

Address _____

City _____ Wisconsin Zip_____

Phone #_____ E-mail_____

Gender: ☐ Male Female ☐ **AGE as of July 11, 2026** ☐

Birth date (mm/dd/yyyy) _____/_____/_____ Grade in school as of January 1, 2026_____

If you register and pay before July 1, you will receive an event t-shirt. Size _____

See back side

Name of adult accompanying the student athlete: _____

Signature of parent or guardian: _____

Date signed: _____

Please read the following:

1. The J&H youth program is a program in sporting clays which involves the use of firearms and requires the safe handling and use of firearms at all times. Failure to adhere to this requirement may be grounds for removal from the program.

2. Athlete & parent understands that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. You agree to assume all risks, inherent or otherwise, that may occur due to participating in the youth tournament.

3. Athlete and parent further covenants not to sue and agrees to release, waive, and discharge J&H Game Farm, and their respective directors, officers, agents or volunteers from any and all claims while they participate in the youth tournament.

4. MEDICAL Attention: Athlete/legal guardian gives his/her consent to J&H, host organization of any event, and/or volunteers, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of his/her participation in J&H events.

6. Athlete/legal guardian grants the J&H youth program, 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 youth tournament.

7. Athlete/legal guardian signature below indicates that you have read and fully understand this entire Consent & Waiver, and that it shall be binding.

Parent/Legal Guardian

8. 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 herby give my consent for the Athlete to participate in the J&H youth tournament. 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 as they are upon the Athlete.

Parent/Guardian Name _____

Address (if different from Athlete) _____

City _____ Wisconsin Zip _____

Phone _____ E-mail _____

_____ Date _____

Parent or Legal Guardian's Signature

_____ Date _____

Athlete's Signature

*Note: A completed and signed copy of the Consent & Waiver Form for each athlete must be at J&H before athlete can participate in the tournament. Please e-mail (jhclub@tds.net) or mail the original with signatures before **July 1st** to:

J&H Game Farm, Attn: Diane Redmann, W5810 J&H Road, Shiocton, WI 54170.

Please verifiy all information before sending forms. If questions, please call Diane at 715-758-8134 or e-mail at: jhclub@tds.net **Forms can also be brought on the day of the shoot if you call ahead.**

Apr-26