



## AYSSP Coaches Application

Form will not be accepted unless all fields are completed and must accompany the attached ASP Background form.

**Please Print.**

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AR . Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate number (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

County: \_\_\_\_\_ Male: \_\_\_\_\_ Female \_\_\_\_\_

Employer: \_\_\_\_\_

### Check one:

\_\_\_\_\_ Junior Division: (6-8 grade) \_\_\_\_\_ Senior Division: (9-12 grade)

\_\_\_\_\_ Public School \_\_\_\_\_ Private School \_\_\_\_\_ 4-H Group \_\_\_\_\_ Boy Scouts

\_\_\_\_\_ Homeschool \_\_\_\_\_ Church Group \_\_\_\_\_ Gun Club \_\_\_\_\_ Other

**If you will not be the Head Coach of a new team, please note:**  
Before your application will be processed an e-mail from the coach listed as the head coach must be sent to Jimmy Self verifying you will be assisting their team.

\_\_\_\_\_ I will be the **Head Coach of a new** AYSSP

Team Name: \_\_\_\_\_

\_\_\_\_\_ I will be **assisting an existing** AYSSP Team:

Team Name: \_\_\_\_\_

Head Coach's Name: \_\_\_\_\_

*The information above is true and I agree to follow all AYSSP rules, terms, and conditions.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed forms to: AGFC, AYSSP Coordinator, 2 Natural Resources Drive, Little Rock, AR 72205**



## Arkansas Game and Fish Commission

### CONSENT TO RELEASE INFORMATION

To Whom It May Concern:

I understand that the Arkansas Game and Fish Commission requires a criminal and child maltreatment history check from the Arkansas State Police and the Arkansas Department of Human Services. This consent is executed with full knowledge and understanding that the information is for official use of the Arkansas Game and Fish Commission in connection with its determination of my suitability to participate as a volunteer in its programs.

I consent to any authorized representative of the Arkansas Game and Fish Commission to obtain any information pertaining to my law enforcement records (including, but not limited to, any record of charge, prosecution, or conviction for civil or criminal offense, and any matter relating to child maltreatment, whether civil, criminal, or administrative). I direct each agency to which this form is presented to release any results upon request of the authorized representative as described above.

Copies of this consent that show my signature are valid as the original signed by me. This consent is valid until the termination of my application process or my affiliation with the Arkansas Game and Fish Commission, whichever is later.

\_\_\_\_\_  
Signature (sign in ink)

\_\_\_\_\_  
Full Name (please print clearly)

\_\_\_\_\_  
Date

# Arkansas Game and Fish Commission

## Individual Record/Child/Adult Registry Check Consent Form

Full Name: \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Name Maiden Name/Aliases

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Month/Day/Year)

Social Security #: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

**I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY and I GIVE MY CONSENT FOR THE ARKANSAS DEPARTMENT OF HUMAN SERVICES TO SEARCH THEIR RECORDS FOR CHILD AND ADULT MALTREATMENT ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:**

Arkansas Game and Fish Commission/Juli Barton, (501) 978-7344  
#2 Natural Resources Drive, Little Rock, Arkansas 72205

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

_____ Child's Name                      DOB	_____ Child's Name                      DOB
_____ Child's Name                      DOB	_____ Child's Name                      DOB

**Provide Addresses for the last 10 years**

Present address: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_  
Street City, State mm/yy mm/yy

Previous address: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_  
Street City, State mm/yy mm/yy

Previous address: \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_  
Street City, State mm/yy mm/yy

Use back side if additional address information needs to be listed.

**NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission Expires \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

The above listed applicant was \_\_\_\_\_/was not \_\_\_\_\_ found in the Adult Maltreatment Central Registry.

The above listed applicant was \_\_\_\_\_/was not \_\_\_\_\_ found in the Child Maltreatment Central Registry.



## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT

Dear Coach or Volunteer,

Thank you for your interest in participating in the Arkansas Youth Shooting Sports Program (the "AYSSP") sponsored by the Arkansas Game and Fish Commission (the "AGFC") as a coach or other volunteer. We know that it is your wish as well as ours that every precaution be taken to protect our participants, coaches, and volunteers from injury. We do our utmost to promote this by proper training, by the use of protective equipment, and by encouraging good safety habits. However, accidents do happen in sporting events as elsewhere. Your participation in the AYSSP is contingent upon you (the "Undersigned") reading, understanding, and voluntarily executing this Release and Waiver of Liability, Assumption of Risk, and Hold Harmless Agreement (the "Agreement").

The Undersigned have been informed and understand that participation in the AYSSP is voluntary and that AYSSP activities will include, but may not be limited to, practicing and participating in trap shooting, handling and firing loaded firearms and live ammunition, and travelling to trap shooting competitions. The Undersigned fully understand that while participating in the AYSSP the Undersigned will engage in and be exposed to physical activities that involve risk of serious bodily injury, illness, property damage, permanent disability, paralysis, and possibly even death. Such consequences may result from the Undersigned's own actions or inactions, the actions or inactions of participants or others, weather conditions, the condition of the equipment or facilities used, the condition of the firearms or ammunition used, or first aid operations. In addition, the Undersigned understand that there may be other risks and dangers not known or not readily foreseeable at this time. **THE UNDERSIGNED HEREBY KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND FURTHER ASSUME ALL RESPONSIBILITY FOR INJURIES, ILLNESS, DISABILITY, DEATH, LOSSES, COSTS (INCLUDING ANY AND ALL MEDICAL AND HEALTH SERVICES), AND DAMAGES INCURRED AS A RESULT OF THE UNDERSIGNED'S PARTICIPATION IN AYSSP ACTIVITIES.**

The Undersigned understand and agree that some or all of the AYSSP activities will be open to the public and that their participation may be filmed or photographed. The Undersigned hereby grant the AGFC the right to make videos, photographs, and audio recordings of the Undersigned during AYSSP activities (collectively the "Footage") and to use the Footage with the Undersigned's name, likeness, photograph, voice, dialogue, sounds, and biographical information in any and all media now existing or subsequently developed, without any compensation to the Undersigned whatsoever. The rights granted herein shall also include the right to edit, delete, and dub the Footage as the AGFC sees fit in its sole discretion. The Undersigned agree that the AGFC may license, assign, and otherwise transfer the rights to the Footage to any other person or entity.

For and in consideration of the Undersigned's participation in the AYSSP, the Undersigned do **HEREBY RELEASE, FOREVER DISCHARGE, AND COVENANT NOT TO SUE** the AGFC, its subdivisions, commissioners, directors, officers, employees, agents, and volunteers (the "Released Parties") from any and all manner of claims, demands, causes of action, or liability which the Undersigned now have, or may have at any time in the future, against the Released Parties arising out of or pertaining to any injury, death, loss, damage, cost, fee, or harm of any kind which may result from the Undersigned's participation in any AYSSP activity, regardless of whether occurring while on or in transit to or from the premises where the activity, or any adjunct to the activity, occurs or is being conducted.

In addition to the above, and for the same consideration previously stated, the Undersigned do **HEREBY AGREE TO HOLD HARMLESS** the Released Parties from and against any and all manner of claims,

demands, causes of action (known or unknown), suits, liability, or judgments of any and every kind (including attorneys' fees) arising from any injury, death, or damage to the Undersigned, or to any other persons or property, caused by the Undersigned's participation in the AYSSP.

The Undersigned hereby certify that they are physically and mentally fit to participate in the AYSSP and that they do not have any medical record or history of conditions that could be aggravated by participation in AYSSP activities. Upon receipt of a written request that AGFC waive such certification due to a physical or mental impairment that substantially limits one or more of the Undersigned's major life activities, AGFC may make reasonable accommodations for the Undersigned if feasible to do so without threatening the health or safety of others.

The Undersigned understand and agree that the Released Parties may not have medical personnel available at the location of AYSSP activities. Unless declined immediately below, in the event of any medical emergency, the Undersigned authorize and consent to any ambulance transportation; medical, dental, or surgical examination, diagnosis, or treatment; and hospital care that the AGFC personnel deem necessary to obtain for the Undersigned's safety and protection. **(Check here  if the Undersigned declines to authorize and consent to such measures in the event of any medical emergency).** The Undersigned understand and agree that the Released Parties assume no responsibility for any injury, damage, or costs which might arise out of or in connection with such authorized emergency medical treatment.

The Undersigned agree to abide by all the rules and requirements of the AYSSP. The Undersigned further acknowledge that the AGFC has the right to terminate the Undersigned's participation in the AYSSP if it is determined that the Undersigned's conduct is detrimental to the best interests of the AYSSP or its participants, the Undersigned's conduct violates any rule of the AYSSP, or for any other reason in the AGFC's discretion.

The Undersigned hereby agree that this Agreement and their participation in the AYSSP shall be construed in accordance with and governed by the laws of the State of Arkansas. The illegality, invalidity, or unenforceability of any provision of this Agreement shall in no way affect the validity or enforceability of any of the remainder of this Agreement, which shall be enforced to the maximum extent permitted by law. This is the complete and binding agreement between AGFC and the Undersigned, and it supersedes all prior understandings and/or communications, both oral and written, with respect to its subject matter. This Agreement cannot be terminated, rescinded, or amended, except by a written agreement signed by both AGFC and the Undersigned.

The Undersigned acknowledge that they have fully and carefully read the terms of this Agreement and agree thereto. This Agreement is executed on behalf of the Undersigned, their heirs, successors, executors, administrators, and assigns.

**[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]**

**Signatures:**

**I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO HOLD HARMLESS THE RELEASED PARTIES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Signature of Coach/Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Coach/Volunteer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

**EXPLANATION OF RELEASE**

A release is a legal document that becomes a binding contract when signed by the parties. By signing a release you are giving up any rights you may have to sue or file a claim or other cause of action against the party you release. The above release gives up your right to sue or file a claim against the Arkansas Game and Fish Commission, its subdivisions, commissioners, directors, officers, employees, agents, and volunteers should you be injured or suffer any other damages while participating in the referenced activity. The release also requires you to hold the Commission harmless from claims by anyone that you might injure or otherwise damage while participating in the activity.