



December 16, 2009

Dear Shooters-

Lakeshore Foundation is proud to be a part of the 2010 NRA National Disabled Indoor Air Gun Championships and we would like to invite you to participate in the Magic City 600 Sectional. The event will be Saturday January 30, 2010 at Lakeshore Foundation in Birmingham, AL.

Please forward your registration form and payment of \$35 per athlete (plus \$15 per team) by Friday January 15<sup>th</sup>. Based on the number of registrations, we will run one or two relays. Please also note that we will offer very limited on campus housing but we have coordinated with a local off campus hotel as well.

Attached you will find details of the tournament scheduled to begin Saturday January 30, 2009 at 9:00 AM. Please feel free to contact me with any questions or concerns at [ashleyc@lakeshore.org](mailto:ashleyc@lakeshore.org) or 205-313-7436.

We look forward to seeing you here in Birmingham in January!  
Sincerely,

Ashley Collier  
Coordinator of Athletics



# LAKESHORE

F O U N D A T I O N

## 2010 Magic City 600 2010 NRA National Disabled Indoor Air Gun Championships SECTIONALS

### TOURNAMENT INFORMATION

- Location:** Lakeshore Foundation Birmingham, Alabama  
(10 minutes south of downtown Birmingham)
- Date:** Saturday January 30, 2010 - Competition
- Competition Format:** *2010 NRA National Disabled indoor Air Gun Championships Sectional Program Guidelines*
- Registration Fee:** The tournament entry fee is \$35 per athlete and \$15 per team. Registration includes: lunch on Saturday.
- Classifications:** SH1 Rifle, SH2 Rifle, SH 3 Rifle, SH1Pistol, SH2 Pistol, SH3 Pistol
- Awards:** Awards will be given based on class and the total number of competitors in the class (see Program).
- Registration Deadline:** Forms and fees are due no later than **Friday, Jan. 15, 2010.**  
Please send checks and forms to:

**Lakeshore Foundation  
ATTENTION: Ashley Collier  
4000 Ridgeway Drive  
Birmingham, AL 35209**

Please fill out all forms **completely** to ensure timely organization by tournament staff.

Make checks payable to: **LAKESHORE FOUNDATION**

- Lodging:** **LaQuinta Inn and Suites**  
60 State Farm Parkway  
Homewood, AL 35209  
205-290-0150  
\$72.00/night + tax  
Request Lakeshore Foundation Rate when booking  
**\*\*Deadline January 15, 2010\*\***

**Meals:** Lunch provided on Saturday. LaQuinta provides Continental Breakfast.

**Directions:** SEE our website: [www.lakeshore.org](http://www.lakeshore.org)

**Schedule:**

9:00am-11:00am	Relay #1- International Rifle & Pistol
11:00am-11:45am	Lunch Break
12:00pm-2:30pm	Relay #2 – 3P Rifle
3:00pm-5:00pm	Relay # 3 ( <b><u>if needed</u></b> )-International Rifle & Pistol

\*\*Awards Presentation will follow conclusion of challenge period\*\*

**Additional Information**

Contact Ashley Collier at 205-313-7436 or [ashleyc@lakeshore.org](mailto:ashleyc@lakeshore.org)



## Magic City 600 Disabled Sectional

(Mr./Mrs./Ms.)

**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Date of Birth** (M/D/Y) \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex**  Male  Female

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone Number** (Main) \_\_\_\_\_

**Disability/Diagnosis** \_\_\_\_\_

**Left-handed** \_\_\_\_\_ **Right-handed** \_\_\_\_\_

**Shooting Classification:**    **SH1 Rifle** \_\_\_\_\_    **SH2 Rifle** \_\_\_\_\_    **SH3 Rifle** \_\_\_\_\_  
    **SH1 Pistol** \_\_\_\_\_    **SH2 Pistol** \_\_\_\_\_    **SH3 Pistol** \_\_\_\_\_

Are you also registering as part of a team?		YES		NO
Team Name				

**Audio Visual Consent:** I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (collectively, "Reproductions") of the persons who are hereby applying for membership (the "Applicants") and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Lakeshore Foundation and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to Lakeshore Foundation the right, title, and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation and waive any and all claims related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by Lakeshore Foundation, its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same. (initial) \_\_\_\_\_

**Consent for Emergency Treatment:** I hereby give permission for the Participant to participate as a Lakeshore Foundation participant/volunteer. In the event that the Participant should sustain any injuries while participating in a Lakeshore Foundation activity or while on the premises of Lakeshore Foundation, I understand that the Participant may be examined and treated for emergency injuries by health care personnel, including examinations at medical facilities. In voluntarily consenting to such examination and treatment for the Lakeshore Foundation, its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgements that may result from such examination and treatment. (initial) \_\_\_\_\_

**Release and Indemnification:** I hereby release and discharge Lakeshore Foundation and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Participant's participation in a Lakeshore Foundation activity, including any personal injury or death, which he/she may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. This release shall be binding upon the heirs, next of kin, guardians, executors, and administrators of the Participant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury of damages incurred by the Participant. In signing this release, I acknowledge and represent that I am over 19 years of age, I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this release contains the entire agreement between myself and Lakeshore Foundation. (initial) \_\_\_\_\_

**I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.**

\_\_\_\_\_  
Signature Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent / Guardian if under 18)

\_\_\_\_\_  
Witness