

# NRA 2010 Northwest National Indoor Sectional Disabled Indoor Air Gun Sectional Championships

## Bothell American Legion



Post 127



Dear Shooters;

American Legion Post 127 and The NW Chapter, Paralyzed Veterans of America are both proud to be a part of the 2010 NRA National Disabled Indoor Sectional Championships and we would like to invite you to participate in the **Northwest NRA Sectional Air Gun Championships**.

The event will be held on February 27 and 28, 2010 at American Legion Post 127 in Bothell, Washington

*Saturday 2/27 9:00 AM  
10:00 AM*

*Shooter Sign in / Registration at the American Legion Hall  
Match Shooting Begins*

*Sunday 2/28 9:00  
4:00 PM*

*Match Shooting Begins  
Awards Presentation / Dinner*

*(Depending on Number of Shooters Registered Match may conclude on Saturday)*

Please forward the attached registration form and payment of \$25.00 per athlete per Event (plus \$25.00 per team) by 02/28/10 to the following address:

*NW Chapter Paralyzed Veterans of America  
Attn: Ernie Butler  
616 SW 152<sup>nd</sup> Street  
Suite B  
Burien, WA 98166,*

Hotel Information: See attached sheet

Please feel free to contact me with any questions or concerns at [email4ebutler@aol.com](mailto:email4ebutler@aol.com) or 206-617-5773

We look forward to seeing you.

Sincerely,

*Ernie Butler  
Match Director*

(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) \_\_\_\_\_

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

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

**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 American Legion Post 127 / NW Chapter Paralyzed Veterans of America and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to American Legion Post 127 / NW Chapter Paralyzed Veterans of America 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 American Legion Post 127 / NW Chapter Paralyzed Veterans of America, 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 **American Legion Post 127 / NW Chapter Paralyzed Veterans of America** participant/volunteer. In the event that the Participant should sustain any injuries while participating in a **American Legion Post 127 / NW Chapter Paralyzed Veterans of America** activity or while on the premises of **American Legion Post 127 / NW Chapter Paralyzed Veterans of America**, 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 **American Legion Post 127 / NW Chapter Paralyzed Veterans of America**, 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 **American Legion Post 127 / NW Chapter Paralyzed Veterans of America** 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 **American Legion Post 127 / NW Chapter Paralyzed Veterans of America** 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 **American Legion Post 127 / NW Chapter Paralyzed Veterans of America**. *(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*