

Kentuckiana 600

January 10th 2010

Dear Shooters;

Southern Indiana Rifle & Pistol Club is 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 *Kentuckiana 600*.

The event will be *February 21st 2010*

(Proposed Schedule)

<i>10:00 AM</i>	<i>Relay #1 – only one relay scheduled at this time so register early</i>
<i>2:00 PM</i>	<i>Awards Presentation</i>

Please forward the attached registration form and payment of \$30 per athlete (plus \$20 per team) by February 10th 2010 to the following address:

*Charles Boehnlein
Attn: Kentuckiana 600
1512 Central Ave.
Louisville, KY 40208*

Hotel Information: <http://tinyurl.com/kentuckiana600hotel>

Motel 6 Louisville - Georgetown #4097
1079 North Luther Road
I-64 at SR 64, Exit #118
Georgetown, IN, 47122
Phone: (812) 923-0441 | Fax: (812) 923-0482

Meet Location: <http://southernindianarifleandpistolclub.com/mod.php?mod=userpage&op=Print>

5950 Gun Club Road
Georgetown, IN

Please feel free to contact me with any questions or concerns at cboehnlein@gmail.com or 502-609-5175.

We look forward to seeing you.

Sincerely,
Charles Boehnlein

Kentuckiana 600

(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 *Southern Indiana Rifle & Pistol Club* and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to *Southern Indiana Rifle & Pistol Club* 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 *Southern Indiana Rifle & Pistol Club*, 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 *Southern Indiana Rifle & Pistol Club* participant/volunteer. In the event that the Participant should sustain any injuries while participating in a *Southern Indiana Rifle & Pistol Club* activity or while on the premises of *Southern Indiana Rifle & Pistol Club*, 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 *Southern Indiana Rifle & Pistol Club*, 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 *Southern Indiana Rifle & Pistol Club* 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 *Southern Indiana Rifle & Pistol Club* 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 *Southern Indiana Rifle & Pistol Club*. (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