

Highland Drive AIR RIFLE Clinic & NRA Sectional Championship

Brought to you by:

VAPHS: Rehabilitation Department
Paralyzed Veterans of America Keystone Chapter
Hope Network, HERL

CRITERIA: Individuals with physical disabilities

LOCATION: Highland Drive VA Gymnasium
7180 Highland Drive, Pittsburgh, PA
Parking behind building 8

LUNCH: Provided by the P.V.A.

Friday March 26th

Clinic:

9:30 a.m. - 10 slots
11:30 a.m. - 10 slots
2:00 p.m. - 10 slots

Please note: there is no charge to participate in the clinic. Pre-registration is mandatory.

Saturday March 27st

NRA Disabled Sectional Match:

9:30 a.m. Relay #1 – check in at 9:00 a.m.
12:00 p.m. Relay #2 – check in at 11:30 a.m.
3:00 p.m. Awards Presentation

Fee: \$10.00 per competitor
(covers registration, targets, and pellets)



Contact Person:

Chad Evans, MPT
Rehab Seating & Power Mobility Clinic
and Polytrauma Specialist

Phone: 412 - 954 - 4741

E-mail: chad.evans2@va.gov



Pittsburgh 2010 Disabled Indoor Air Rifle Sectional Championship
Highland Drive VA Gymnasium
7180 Highland Drive, Pittsburgh, PA

January 29, 2010

Dear Shooters;

VA Health Care System 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 2010 Open Sectional 3-P Air Rifle Competition.

The event will be March 27, 2010 at the VA Pittsburgh Highland Drive Division located at:

7180 Highland Drive
Pittsburgh, PA 15206
Gymnasium (Building 8 Entrance)

The overall winner of the match will receive an invitation to Colorado Springs for Paralympic training at the Olympic Training Center!

Schedule

<i>9:30 AM</i>	<i>Relay #1 – check in at 9:00 a.m.</i>
<i>12:00 PM</i>	<i>Relay #2 – check in at 11:30 a.m.</i>
<i>3:00 PM</i>	<i>Awards Presentation</i>

Please forward the attached registration form and payment of \$10 per athlete. Shooters may choose to participate in teams of 3, which is an additional \$7.50 per team.

Registration forms due March 19, 2010 to the following address:

Chad Evans
701 Powers Dr.
Wexford, PA 15090

Hotel Information (Closest to Highland Drive Facility):
Courtyard by Marriott Pittsburgh Shadyside Hotel
5308 Liberty Avenue
Pittsburgh, PA 15224
(412)-683-3113

Please feel free to contact me with any questions or concerns at Chad.Evans2@va.gov or 412-954-4741.

We look forward to seeing you.

Sincerely,

Chad Evans, MPT
Rehab Seating & Power Mobility Clinic and
Polytrauma Specialist

Pittsburgh 2010 Disabled Indoor Air Rifle Sectional Championship

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