



North Texas NRA Air Rifle Sectional Championships



Dear Shooters;

Turning Point and LoneStar PVA are 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 North Texas NRA Sectional Championships.

The Competition will be **Saturday, March 13, 2010** at Bachman Recreation Center at 2750 Bachman Drive, Dallas, TX 75220

Proposed Schedule

Morning Relay:

9:30 a.m. Check in
10:00 a.m. Relay #1

Afternoon Relay:

12:30 p.m. Check in
1:00 p.m. Relay #2
4:00 p.m. Awards Presentation

(Schedule may change to accommodate a greater number of competitors)

Range will be open Friday March 12th from 1pm – 5pm

Please forward the attached registration form by March 1st to the following address:

Turning Point
Attn: Jason Swanson
3217 Maverick Dr
Plano, TX 75074

Hotel Information:

The official hotel is the Embassy Suites located at 3880 W Northwest Highway, Dallas 75220
telephone: 214-357-4500

Please feel free to contact me with any questions or concerns at jswanson@turningpointnation.org or 214-649-7149.

We look forward to seeing you.

Sincerely,

Jason Swanson
Director
North Texas Turning Point Chapter

North Texas NRA Air Rifle Sectional Championships

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