

Pittsburgh 2012 Open Sectional 3-P Air Rifle Competition

(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 _____

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 the Pittsburgh VA Hospital Highland Drive Division, the 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 the Pittsburgh VA Hospital Highland Drive Division, the 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 Pittsburgh VA Hospital Highland Drive Division, the NRA participant/volunteer. In the event that the Participant should sustain any injuries while participating in an NRA activity or while on the premises of the Pittsburgh VA Hospital Highland Drive Division, 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 Pittsburgh VA Hospital Highland Drive Division, the NRA, its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgments that may result from such examination and treatment. *(initial)* _____

Release and Indemnification: I hereby release and discharge the Pittsburgh VA Hospital Highland Drive Division, the 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 18 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 the Pittsburgh VA Hospital Highland Drive Division 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 _____

I plan on participating in:

Instructional Clinic _____

Open 3P Sectional _____

I plan to shoot from a:

Manual Chair _____

Power Chair _____

I need a:

Sip and Puff Mechanism _____

Stabilizing Stand (SH2) _____

Air Rifle _____