



2010 Idaho State IDPA

Championship

September 11, 2010 Registration Form



Print these forms, fill in completely and mail them, with your payment to the address near the bottom of this page.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-Mail: _____

Phone Numbers: _____

IDPA Number: (required) _____ IDPA Expiration: _____

Division / Classification: **Circle your Division and Classification**

SSP CDP ESP **SSR** ESR // Master Expert Sharpshooter Marksman

Match Fee: \$60 received on/before September 10, 2010 Enter Fees Below

(includes lunch) = _____

Additional Lunches: (non shooters) \$8 X Total Quantity _____ = _____

Match T-Shirt: \$15 X Total Quantity _____ = _____

(enter quantity for Medium _____ Large _____

each desired size) X Large _____ XX Large _____

Match Ball Cap: \$15 X Total Quantity _____ = _____

(adjustable size)

Send application and check or money order to: Grand Total Fees: _____

Aaron Goodfellow
Idaho 2010 IDPA
504 Syringa Way
Caldwell, ID 83605

Make checks payable to: Aaron Goodfellow

General Information:

- No registrations will be considered on match day.
- If you have registered and for some reason will be unable to attend the match, please let us know by e-mail or a letter, sent or postmarked on or before September 4, 2010.
- No fee refund will be considered after September 4, 2010.
- No changes in division or classification will be allowed after September 10, 2010
- Participation will be limited to the first 125 eligible entries, MM, SS, EX, MA.
- A contestant may not enter more than once.
- Those that wish to be squadded together need not worry, we use open squadding.
- Entrants will be notified by E-mail upon receipt of their registration and fees.
- Match Staff will shoot on Friday September 10, 2010.



Waiver, Release, and Covenant Not To Sue

I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights, I, or anyone on my behalf, might have against The Parma Rod and Gun Club, its officers, directors, and volunteers for personal injury (including death), loss or damage to my property which I (or anyone claiming by or through me) may have against The Parma Rod and Gun Club, its officers, directors, and volunteers as a result of my taking part in the firearms shooting activities sponsored by, sanctioned by or approved by IDPA and Parma Rod and Gun Club, its officers and/or directors.

Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against The Parma Rod and Gun Club, its officers, directors, and volunteers for any claim that I might have arising out of my participation in any activities while attending and participating in the 2010 Idaho State IDPA Championship Match.

I UNDERSTAND THAT ENGAGING IN DEFENSIVE PISTOL SHOOTING ACTIVITIES CONSTITUTES MY INVOLVEMENT IN A VERY HAZARDOUS AND DANGEROUS ACTIVITY WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS.

I have read and understand the foregoing provisions of this **WAIVER, RELEASE AND COVENANT NOT TO SUE** and I have executed this instrument voluntarily on this date.

I recognize that the The Parma Rod and Gun Club, its officers, directors, and volunteers are not obligated to permit me to participate in any of the State Match activities and may terminate my participation in such activities at any time and for any reason.

The effect of this instrument shall not preclude the prosecution any claim that I might have against persons or corporations other than THE PARMA ROD AND GUN CLUB, its officers, directors and volunteers. In other words, I am releasing, waiving my rights and agreeing not to sue THE PARMA ROD AND GUN CLUB, its officers and/or, directors, any volunteers at the match and any others affiliated with the club.

Applicant Name (**Please Print**) Date _____ Witness Full Name (**Please Print**)

Applicant Signature

Witness Signature.

May be anyone 18 or older

X _____

X _____