

ATTENTION ATTENTION ATTENTION

THE FOLLOWING ARE THE NECESSARY FORMS AND INFORMATION FOR THE M1 GARAND CLINICS HELD AT THE GREENE COUNTY FISH AND GAME.

PLEASE READ AND FILL OUT ALL THE NECESSARY ENCLOSED FORMS, AND RETURN THEM COMPLETED TO ME NO LATER THAN ONE WEEK PRIOR TO THE DATE OF THE SHOOT. THIS WILL RESERVE A SLOT FOR YOU.

WHEN I RECEIVE THESE FORMS I WILL CONTACT YOU ONLY IF THERE IS A PROBLEM. OTHERWISE YOU ARE GOOD TO GO FOR THE SHOOT AND I WILL SEE YOU THERE.

YOUR INTEREST AND PARTICIPATION IS APPRECIATED.

THANK YOU
TERRY ALLEN

FAIRBORN RIFLE AND PISTOL CLUB
AFFILIATED WITH THE NATIONAL RIFLE ASSOCIATION OF AMERICA

MAIL ENTRY FORM TO: TERRY ALLEN
1944 STATE ROUTE 725
SPRING VALLEY, OHIO
45370
937-862-4161
MICHAELTALON2@AOL.COM

CIVILIAN MARKSMANSHIP PROGRAM
M-1 GARAND CLINIC

GREENE COUNTY FISH AND GAME,
XENIA, OHIO
MAY 5TH, 2012

NAME.....
ADDRESS.....
CITY, STATE, ZIP.....
COUNTY.....
TELEPHONE # WITH AREA CODE.....

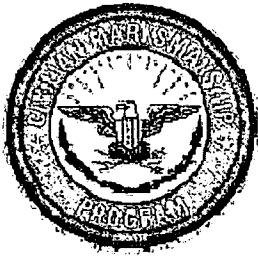
- SEND
- A. ENROLLMENT FORM
 - B. \$40.00....CHECK PAYABLE TO TERRY ALLEN
 - C. NOTORIZED ELIGIBILITY AFFIDAVIT
LIABILITY AGREEMENT FOR CMP
 - D. RELEASE FROM LIABILITY FORM

NO REFUNDS WILL BE ISSUED DUE TO NO SHOWS OR INCLEMENT WEATHER.

YOU MAY BRING THESE FORMS WITH YOU TO THE SHOOT AND I WILL
PROCESS THEM ON SITE.

.....
(YOUR SIGNATURE)

.....
(DATE)



ELIGIBILITY AFFIDAVIT AND LIABILITY AGREEMENT

- A. To establish my eligibility under section 40723 Title 36 United States Code to participate in any activity sponsored or supported by the Civilian Marksmanship Program (CMP), I hereby certify that:
1. I have not been convicted of any Federal or State felony or violation of Section 922 of title 18 United States Code, and
 2. I am not a member of any organization that advocates the violent overthrow of the United States Government.
- B. In consideration for being permitted to participate in any activity sponsored or supported by the Civilian Marksmanship Program, I hereby agree to:
1. Be bound by the Civilian Marksmanship Program Competition Rules,
 2. Waive any claim against the Corporation for the Promotion of Rifle Practice and Firearms Safety and any other organization sponsoring or supporting the activity for any personal injury, loss or damage that I might suffer in connection with the activity, and
 3. Defend, indemnify and hold harmless any organization sponsoring or supporting the activity from any claim of a third party arising from any negligent or wrongful conduct by me.

Signed: _____ Date: _____

Name (please print): _____

Address: _____

* * * * *

STATE OF _____

SS: _____

CITY/COUNTY OF _____

BEFORE ME, the undersigned Notary Public, appeared the person making the above certification and agreement, who under oath stated that he/she has read, understands and agrees to it, and that the certification is true and correct to the best of his/her knowledge.

SUBSCRIBED and SWORN TO before me, the undersigned Notary Public, on this ____ day of _____, 20____.

Notary Public _____

My commission expires: _____

RELEASE FROM LIABILITY

PRINT NAME.....

PRINT ADDRESS.....

PRINT CITY, STATE, ZIP.....

HEREIN REFERRED TO AS RELEASOR, THE CMP, FAIRBORN RIFLE & PISTOL CLUB AND GREENE COUNTY FISH & GAME THEIR OFFICIERS AND EMPLOYEES, THEIR HEIRS, ADMINISTRATORS AND EXECUTORS, HERIN REFERRED TO AS RELEASEES.

I, the undersigned, releaser, being of lawful age, in consideration of being permitted to participate in the M-1 Garand Clinic at Greene County Fish & Game Xenia, Ohio or at any other place where such matches may be conducted, do for myself, my spouse, legal representatives, heirs and assigns, hereby release, waive and forever discharge the CMP, Fairborn Rifle & Pistol Club, and Greene County Fish & Game, their agencies or departments, officers, agents, service members and employees in their official and personal capacities, their heirs, administrators and executors, from any and all liability for any and all loss or damage, from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or equity, arising from or by reason of death, or any bodily injury or personal injuries known or unknown, or property damage resulting or to result from any incident which may occur during my participation in pistol or rifle matches or any activities in connection with pistol or rifle matches, whether caused in whole or in part by the releases or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF RELEASEES OR OTHERWISE WHILE AT GREENE COUNTY FISH & GAME XENIA, OHIO, OR ANY OTHER PLACE WHERE SUCH MATCHES MAY BE CONDUCTED, AND WHILE COMPETING, OFFICIATING, WORKING, SPECTATING OR FOR ANY PURPOSE PARTICIPATING IN THE PISTOL OR RIFLE MATCHES.

I AGREE THAT THIS RELEASE CONSTITUTES THE ENTIRE AGREEMENT BETWEEN MYSELF AND THE CMP, FAIRBORN RIFLE & PISTOL CLUB, AND GREENE COUNTY FISH & GAME. THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL, THE SAME SHALL CONTINUE IN FORCE AND BE APPLICABLE TO ALL PISTOL OR RIFLE MATCHES I ATTEND WHICH ARE CONDUCTED BY THE CMP, FAIRBORN RIFLE AND PISTOL CLUB, AND GREENE COUNTY FISH & GAME UNLESS REVOKED BY ME IN A WRITING SERVED UPON THE CMP, FAIRBORN RIFLE AND PISTOL CLUB, AND GREENE COUNTY FISH & GAME BY CERTIFIED MAIL AT LEAST TEN (10) DAYS PRIOR TO THE DATE UPON WHICH SUCH REVOCATION SHALL BECOME EFFECTIVE

I agree that this Release Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion hereof is held invalid, the balance hereof will, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE THE SAME VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

In Witness Whereof, I have executed this Release on this _____ day of _____, 20_____. And there is no expiration date for this release.

YOUR SIGNATURE

SIGNATURE OF A WITNESS

SIGNATURE OF PARENT OR GUARDIAN OF ANY COMPETITOR OR VOLUNTEER UNDER 18
JUNIOR'S DATE OF BIRTH _____ JUNIOR'S AGE _____

2013 CMP HIGHPOWER MARKSMANSHIP CLINIC - JUNE 15, 2013

RODRIGUEZ RANGE - CAMP PERRY OHIO

SPONSORED BY THE OHIO RIFLE AND PISTOL ASSOCIATION WITH THE SUPPORT OF THE CIVILIAN MARKSMANSHIP PROGRAM.

PURPOSE: TO INTRODUCE JUNIOR AND ADULT NEW SHOOTERS TO THE SPORT OF BIG HI POWER RIFLE SHOOTING, AND TO PROVIDE AN OPPORTUNITY FOR CIVILIANS TO DEVELOP A DEGREE OF PROFICIENCY WITH THE SERVICE RIFLE.

ALL PARTICIPANTS MUST BE MEMBERS OF THE OHIO RIFLE AND PISTOL ASSOCIATION OR MEMBERS OF THEIR HOME STATE NRA ASSOCIATION. O.R.P.A ANNUAL MEMBERSHIP - \$25.00; ASSOCIATE MEMBER (SPOUSE) - \$12.00; JUNIOR MEMBER (UNDER 21) - \$8.00; LIFE MEMBER- \$500.00

TO JOIN - MARK ON ENTRY FORM AND SEND PROPER AMOUNT. AN O.R.P.A LIABILITY RELEASE MUST BE SIGNED OR ON FILE. A NOTARIZED CMP LIABILITY RELEASE MUST ALSO BE ON FILE. A NOTARY WILL BE PRESENT AT REGISTRATION.

OPEN TO: ALL JUNIOR SHOOTERS (AGE 12 THROUGH 20) AND ADULT SHOOTERS WITH CLASSIFICATION OF MARKSMAN OR BELOW .

ALL OTHER CLASSIFIED SHOOTERS ARE ENCOURAGED TO VOLUNTEER THEIR SERVICES FOR INSTRUCTION. TO VOLUNTEER, PLEASE CONTACT GWEN BAILEY 175 WEST MAIN ST. NEW LONDON, OH 44851; 419-929-0307 OR EMAIL- KVBGUNS@MSN.COM.

INSTRUCTION: SUBJECTS TO BE COVERED IN THIS CLINIC WILL INCLUDE THE FOLLOWING; SAFETY; PURPOSES OF COMPETITION RULES; DUTIES AND RESPONSIBILITIES OF COMPETITORS; NRA CLASSIFICATION SYSTEM; EQUIPMENT; RANGE CONTROL AND COMMANDS; MARKING AND SCORING TARGETS; AIMING; TRIGGER CONTROL; POSITIONS; SIGHT ADJUSTMENT; RAPID FIRE; ZEROING; USE OF SCORE BOOK AND SCOPE AND EFFECTS OF WEATHER.

AMMO AND RIFLES- AR-15 MATCH RIFLES SUPPLIED BY THE CIVILIAN MARKSMANSHIP PROGRAM WILL BE USED. AMMO WILL BE SUPPLIED. DO NOT BRING YOUR OWN RIFLES OR AMMO.

SCHEDULE: SATURDAY, 7:30 AM TO 5:00 PM - SHOOTING CLINIC AND 35 ROUNDS LIVE FIRING

COURSE OF FIRE:

200 YARDS 10 SHOTS, SLOW FIRE PRONE, 15 MINUTES, INCLUDES 5 SIGHTING SHOTS

200 YARDS 10 SHOTS, RAPID FIRE, PRONE FROM STANDING, 70 SECONDS

200 YARDS 10 SHOTS, SLOW FIRE, STANDING, 10 MINUTES

NRA RULE 9.12 WILL BE FOLLOWED (NO REFIRE)

CERTIFICATES OF COMPLETION WILL BE AWARDED TO ALL ATTENDEES AFTER COMPLETION OF FIRING AND PIT DUTY ALL SHOOTERS WILL BE REQUIRED TO COMPLETE PIT DUTY

ENTRY FEES:

JUNIOR - \$42.00 CLINIC ONLY; \$50.00 INCLUDES O.R.P.A ONE YEAR MEMBERSHIP

ADULT - \$50.00 CLINIC ONLY; \$75.00 INCLUDES O.R.P.A ONE YEAR MEMBERSHIP

CLINIC IS LIMITED TO 140 ENTRIES. PLEASE MAIL ENTRIES AS SOON AS POSSIBLE. MAKE CHECK OR MONEY ORDER PAYABLE TO **O.R.P.A HIGHPOWER** MAIL ENTRY AND FEES TO: GWEN BAILEY, 175 WEST MAIN ST., NEW LONDON, OH 44851.

STAT OFFICE (BUILDING 024 C) WILL BE OPEN FROM 6:30 PM TO 9:00 PM FRIDAY AND AT 6:00 AM SAT.

SHOOTERS SHOULD CONSIDER BRINGING THE FOLLOWING EQUIPMENT IF POSSIBLE:

MAT OR PAD TO LAY ON DURING PRONE FIRING

SPOTTING SCOPE OR BINOCULARS

SHOOTING COAT OR SWEATSHIRTS

SHOOTING GLOVE OR MITT

RAINGEAR AND/OR SUNSCREEN

SOMETHING TO SIT ON

EYE AND EAR PROTECTION (REQUIRED)

LUNCH AND/OR SNACKS AND BEVERAGE- NO LUNCH BREAK WILL BE TAKEN

THE OHIO RIFLE AND PISTOL ASSOCIATION



PLEASE MAIL ENTRIES IN EARLY

MAIL TO: O.R.P.A. HIGHPOWER - GWEN BAILEY
175 W MAIN STREET
NEW LONDON, OHIO 44851
419-929-0307

NO ACKNOWLEDGEMENT WILL BE SENT UNLESS YOU ENCLOSE A SELF-ADDRESSED STAMPED

ENVELOPE = NO POSTCARDS. AN AGENDA FOR THE DAY WILL BE RETURNED TO YOU.

PLEASE FILL IN THE ENTIRE ENTRY FORM BELOW, SIGN, AND RETURN WITH CORRECT FEES.

CIVILIAN MARKSMANSHIP PROGRAM (C. M. P. HIGHPOWER) CLINIC ENTRY FORM
(MAY BE COPIED)

CAMP PERRY, PORT CLINTON, OHIO- SATURDAY JUNE 2013
MAXIMUM 140 STUDENTS

PRINT YOUR NAME

PRINT YOUR ADDRESS

PRINT YOUR CITY, STATE AND ZIP

PRINT COUNTY IN WHICH YOU RESIDE AND YOUR TELEPHONE NUMBER

PLEASE SEND PROPER AMOUNT, •O.R.P.A. LIABILITY RELEASE (WHITE) AND THE NOTARIZED C.M.P. LIABILITY RELEASE (YELLOW). (NOTE A NOTARY WILL BE AT CAMP PERRY STAT OFFICE FOR YOU IF NEEDED.) NO REFUNDS WILL BE ISSUED DUE TO INCLEMENT WEATHER.

SATURDAY - ADULT \$75.00 INCLUDES O.R.P.A ADULT MEMBERSHIP OF \$25.00

SATURDAY - JUNIOR: \$50.00 INCLUDES O.R.P.A. JUNIOR MEMBERSHIP OF \$8.00

JUNIOR AGE _____ JUNIOR DATE OF BIRTH _____

PLEASE SEND A SELF ADDRESSED. STAMPED ENVELOPE FOR A C.M.P. AR 15 SATURDAY AGENDA AND MAP.

PLEASE SIGN HERE - YOUR SIGNATURE