

IDPA *The Spartanburg Showdown* **IDPA**

**Spartanburg Practical Shooting Association
IDPA Sanctioned Match May 17th 2014**

**9 Stages with an approximate round count of 175.
Shooters Meeting 8:00 AM, First shot 8:30 AM**

You must be a current IDPA member with valid classification to participate

Name (as it appears on your IDPA card) _____ **Date** ___/___/14

IDPA# _____ **Telephone #** _____ - _____ - _____

Address: _____

City: _____, **State:** _____, **Zip Code:** _____

E-Mail: _____ (We will send email confirmation)

Please Print Legibly

Division	Classification	SubDivisions	
___ CDP	___ Master	___ Lady	___ International
___ ESP	___ Expert	___ Junior	___ Age
___ SSP	___ Sharpshooter	___ LEO	___ Press
___ SSR	___ Marksman	___ Military	___ Distinguished Senior
___ ESR	___ Novice	___ Senior	(65 and over)
		(50-64)	

Handgun **Make:** _____ **Model:** _____ **Caliber:** _____

SQUADS: If you have squad requests, please send the applications in together, or send a list of the shooters to be squadded together. We will try to accommodate all requests.

Lunch: Sub sandwiches and bottled water/soft drinks will be provided. (Please Circle One) **HAM** **TURKEY**

Match Shirts: Match T-shirts will be provided. (Please Circle Size) **Sml** **Med** **Lrg** **X-Lrg** **2X-Lrg** **3X-Lrg**

Additional Information: Contact Match Director Robert Holleman: capt2045@aol.com

Match Fee Adult \$80.00/Junior(20 & Younger)\$55 before April 21st
If received before April 21st Match fee will include Lunch and a T-shirt
After April 21st Match Fee Adult \$90.00/Junior(20 & Younger)\$65
After April 21st NO T-shirt

Please Sign _____ **Print** _____
Under 18 must be signed by Guardian. **Date** ___/___/14

Guardian sign _____ **Print** _____
Date ___/___/14

Mail completed Application, Waiver and Payment to:
SPSA
PO Box 325
Moore, SC. 29369
Please make check payable to: SPSA

Showdown 2014

WAIVER OF LIABILITY; INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. BY SIGNING THIS AGREEMENT, YOU GIVE UP YOUR RIGHT TO BRING A COURT ACTION TO RECOVER COMPENSATION OR OBTAIN ANY OTHER REMEDY FOR INJURIES TO YOURSELF OR YOUR PROPERTY ARISING OUT OF YOUR USE OF SPARTANBURG PRACTICAL SHOOTING ASSOCIATION. NOW OR ANY TIME IN THE FUTURE.

I, the undersigned user, hereby acknowledge and agree that target shooting, the use of firearms and the use of the Spartanburg Practical Shooting Association facilities located in Spartanburg County, South Carolina ("SPSA") may be dangerous and may involve the risk of serious bodily injury. I have full knowledge of the nature and extent of all of the risks associated with the use of the SPSA facilities, including, but not limited to: (1) all manner of injury, including, but not limited to death and/or paralysis, arising from target shooting, the use of firearms or their discharge; (2) injuries resulting from intentional or inadvertent discharge of firearms by myself or others using the SPSA facilities, including loss of hearing, burns, blindness, or other injury; (3) injuries resulting from explosions, contact with projectiles and hardware; and (4) failure or misuse of any equipment, whether owned and maintained by SPSA or otherwise. I have been encouraged to use vision and hearing protection at all times when present on the facilities of SPSA. If I choose not to use such protection, I agree to assume the additional risks associated with lack of their use. I acknowledge that the above list is not inclusive of all the possible risks associated with my use of SPSA and that the above list in no way limits the extent of this Waiver of Liability/Indemnification Agreement and Covenant Not to Sue.

In consideration of my use of SPSA, I agree to release and, on behalf of myself, my heirs, representatives, executors, administrators and assigns (the "Releasers"), **HEREBY DO RELEASE** SPSA, its owners, shareholders, officers, directors, employees and agents (the "SPSA Releasees") from any cause of action, claim, or demand of any nature whatsoever (except for their gross negligence or willful misconduct) which the Releasers may now have or have in the future against the SPSA Releasees on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of SPSA, whether that use is supervised or unsupervised, and however the injury or damage is caused, including but not limited to the negligence of the SPSA Releasees. I further covenant that I shall bring no civil action against the SPSA Releasees based upon any of the foregoing. I understand that I will be solely responsible for any loss or damage including, but not limited to, death or paralysis, that I may sustain while using SPSA and that by signing this Agreement, I am relieving the SPSA Releasees of any and all liability for such loss, damage or death (other than as a result of their gross negligence or intentional misconduct).

I do hereby further agree to **INDEMNIFY AND HOLD HARMLESS** the SPSA Releasees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever (except for those resulting from the gross negligence or willful misconduct of the SPSA Releasees) arising out of or in any way relating to my use of SPSA (excluding any violation of environmental laws). I further certify that I am in good health and that I have no physical limitations that would preclude my safe use of SPSA.

I acknowledge that the foregoing agreement is intended to be as broad and inclusive as permitted by **the law of** the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. I understand that the terms of this agreement are legally binding and that I am signing this agreement, after having carefully read it, of my own free will.

PRINTED NAME _____ AGE _____

If User is under 18 years old then parent or legal guardian must sign below

ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____