



2013 USA SHOOTING/NRA PROGRESSIVE POSITION AIR PISTOL NATIONAL CHAMPIONSHIPS

Dual Concurrent Venues

Eastern Venue: Poole Range Complex – Ft Benning, GA

Western Venue: The Olympic Training Center – Colorado Springs, CO

July 23-25, 2013

MATCH PROGRAM

LOCATION:

Eastern Venue: Pool Range Complex, Ft. Benning, GA with 30+ electronic firing points.

Western Venue: The Olympic Shooting Center, Colorado Springs, CO with 20 electronic firing points.

Visitors and spectators are welcome.

ELIGIBILITY:

All PPP athletes are encouraged to register and compete in the PPP National Championships. **All competitors must be current USAS members.**

We encourage all PPP competitors to compete in as many matches as possible prior to competing in the PPP National Championships. This builds competition experience and will be valuable to the competitor's National Championship experience.

Competitors may participate in the PPP Nationals until they reach the year of their 21st birthday.

RULES:

The current 2013 Progressive Position Air Pistol Rules will govern. A copy can be downloaded from the USA Shooting web site:

http://www.usashooting.org/library/Youth_Development/PPP_Rules_revised_31Jan2013.pdf

QUALIFYING:

Individual:

A parent, guardian or coach must accompany individuals under age 18. The US Army Marksmanship (USAMU), NRA or USA Shooting will not accept responsibility for minors traveling alone.

All competitors are to register as individuals using the PPP National Championship webpage/form **prior to 12 July 2013**.

Teams

The individual competitor entry form will ask for the name of your team, team home town, state and team coach. No additional fees will be charged for team entry.

COURSE OF FIRE:

Competitors will shoot two match courses of 40 shots. One course will be fired each day. The individual International Standing National PPP Champions (male and female) will be based on the total of the two 40 shot scores plus the 10 shot final and athletes must shoot from the Standing One-Handed Position.

Olympic style finals for the top 8 male and top 8 female individuals based on two day aggregate scores in the International Standing category will be held shortly after the last relay on the second day.

Team totals will be based on the total of two-day match scores, not including finals.

COACHING:

Coaching on the firing line is only allowed in the Basic Supported and Standing Supported positions. However, coaches may not assist in shooting the shot.

Coaching assistance in the International (One-Handed) Standing on the firing line will cease when the preparation period begins.

SQUADDING:

If possible, all team members will be squadded on the same relay (except where team members share equipment).

Relays will switch. Example: Relay A will shoot first relay on Day 1 and second relay on Day 2. Relay B will shoot second relay on Day 1 and first relay on Day 2.

EVENT SCHEDULE:

July 23 Check-in and training (9am to 3pm)
 Coaches meeting and PPP program discussion (3pm – 5:00pm)

July 24 Individual match 1

July 25 Individual match 2, finals and awards

Award Ceremonies:

The Championship awards ceremony will be held at both venues shortly following the finals. **All teams and individuals are required to participate in the awards ceremony to show sportsmanship and respect and to build camaraderie.**

HOUSING:

Leaders/Coaches are expected to make their own housing arrangements. No dorm rooms are available at the Olympic Training Center.

Here is a list of hotels at each venue.

Columbus/Ft Benning, GA:

Days Inn South - (706) 689-6181 \$45-60 6 Miles
3170 Victory Drive, Columbus, GA 31903

Econo Lodge Historic District - (706) 320-0007 \$58-80 9 Miles
1024-1034 Veterans Parkway, Columbus, GA 31901

Microtel Inn & Suites North - (706) 653-7004 \$59-79 17 Miles
1728 Fountain Court, Columbus, GA 31904

La Quinta Inn Midtown - (706) 568-1740 \$59-99 12 Miles
3201 Macon Road, Columbus, GA 31906

Days Inn North - (706) 561-4400 \$65-90 10 Miles
3452 Macon Road, I-185 - Exit 6, Columbus, GA 31907

Quality Inn - (706) 322-2522 \$70-80 10 Miles
1325 Veterans Parkway, Columbus, GA 31901

Best Western - (706) 568-3300 \$70-90 (\$69 for marksmanship competitions, includes breakfast) 10 Miles, 3443 Macon Road, exit 6, Columbus, GA 31907

Extended Stay America Bradley Park - (706) 653-9938 \$80-105 15 Miles

1721 Rollins Way, Columbus, GA 31904

Comfort Inn - (706) 256-3093 \$90-100 10 Miles
3460 Macon Road, Columbus, GA 31907

Comfort Suites - (706) 322-6666 \$90-100 13 Miles
5236 Armour Road, Columbus, GA 31904

Sleep Inn & Suites - (706) 653-1330 (74.99 King, special All Army championship rate)
14 Miles. 5100 Armour Road, Columbus, GA 31904

Fairfield Inn & Suites - 706-317-3600 \$100-110 15 Miles
4510 East Armour Road, Columbus, GA 31904

La Quinta Inn Columbus State University - (706) 323-4344 \$105-140 13 Miles
2919 Warm Springs Road, Columbus, GA 31909

Residence Inn by Marriott - (706) 494-0050 \$110-189 16 Miles
2670 Adams Farm Road, Columbus, GA 31909

Four Points by Sheraton Airport - (706) 327-6868 \$110-190 15 Miles
5351 Sidney Simons Blvd, Columbus, GA 31904

Wingate by Wyndham - (706) 225-1000 \$120-130 16 Miles
1711 Rollins Way, Columbus, GA 31904

Country Inn & Suites by Carlson - (706) 660-1880 \$120-150 17 Miles
1720 Fountain Court, Columbus, GA 31904

Hampton Inn North - (706) 256-2222 \$120-190 17 Miles
7390 Bear Lane, Columbus, GA 31909

Hampton Inn Airport – (706) 576 5303, \$74 for marksmanship competitions, 12 miles,
5585 Whitesville Rd, Columbus, GA 31904

Hilton Garden Inn – (706) 660 1000, \$99 buy one get one free deluxe Bfast buffet, 8.9
miles, 1500 Bradley Lake Blvd, Columbus, GA 31904

Homewood Suites – (706) 568-3545, \$109 includes hot bfast buffet, 7.5 miles, 6614
Whittlesey <http://armedforcessports.defense.gov/Sports/Shooting.aspx>
Blvd, Columbus, GA 31904

Courtyard by Marriott - (706) 323-2323 \$140-170 13 Miles
3501 Courtyard Way, Columbus, GA 31904

Holiday Inn Express Hotel & Suites - (706) 507-7200 \$140-190 17 Miles
7336 Bear Lane, Columbus 31909

Holiday Inn North - (706) 324-0231, \$79.00, 7 Miles

2800 Manchester Expressway, Columbus GA, 31904. Full Southern breakfast buffet

Home-Town Suites – (706) 561-1795, \$72 for Marksmanship groups, 12 miles,
6040 Knology, Columbus, GA 31909

Colorado Springs, CO:

Please note that the summer months are high tourist times and hotels in Colorado Springs book very early and fill up fast. Book as early as possible.

Hyatt Summerfield Suites

The Hyatt Summerfield Suites in Colorado Springs is honored to support the athletes and their families, and privileged to be a preferred hotel for USA Shooting. A good nights sleep, a light dinner and a full hot breakfast buffet for as low as \$79! Call 719-268-9990. Get a complete rate sheet by logging into your personal USA Shooting online member profile and then clicking on the Member Benefits tab.

15 % off Red Roof Inn

Whether traveling for pleasure, business or sport, receive an exclusive 15% USA Shooting member discount for Red Roof Inns across the nation. Book your reservations online at Red Roof Inn or call 800-RED-ROOF. To receive your 15% discount code please contact the USAS Membership office at 719-866-4743.

10 % off La Quinta Hotels

Whether traveling for pleasure, business or sport, receive a 10% USA Shooting member discount for La Quinta hotels across the nation. Please contact Membership at 719-866-4743 for the online registration code.

Hilton Family Hotels Discount

Receive a 15% discount off the Best Available Rate at any of the 10 distinct hotel brands within the Hilton Worldwide portfolio. Support USAS and save.

Clarion Hotel & Conference Center

314 West Bijou
Colorado Springs, CO 80905
719-471-8680
Approximately 2 miles from the Olympic Complex

Quality Suites Downtown

314 West Bijou
Colorado Springs, CO 80905
719-471-8681
Approximately 2 miles from the Olympic Complex

TEAM TRAVEL EXPENSE SUBSIDIES:

All teams are responsible for their own travel to and from their home city to the nearest competition venue (Ft Benning or Colorado Springs). Depending on the registration revenues and expenses, some amount of team travel expenses will be subsidized. Teams should not depend on the same level of support as previous years.

This travel subsidy is only available to club teams. Team travel subsidies will be based on distance traveled from home city to the nearest competition venue. We want to encourage clubs to bring more than three individual athletes to the Nationals. If you are an individual PPP competitor we encourage you to start a PPP club/team and bring two or more team members with you to the PPP Nationals.

Team travel subsidy applications are to be picked up at check-in 23 July and handed to a USAS or NRA representative at the end of the awards ceremony on 25 July. **Failure to attend the finals and the award ceremony will result in loss of the team travel subsidy.**

DIRECTIONS:

Pool Range Complex, Ft. Benning, GA.

[need directions]

The Olympic Shooting Center, Olympic Training Center, Colorado Springs, CO.

The address is One Olympic Plaza, Colorado Springs, CO 80909. It is located at the Northwest corner of Boulder Street and Union Blvd.

LOCAL TRANSPORTATION:

Parents and/or coaches are expected to provide ground transportation at each competition venue.

ENTRY FEES AND REGISTRATION:

Entry fee is \$65 per participating competitor (team member or individual shooter). There are **no** additional team entry fees. **Fees must be prepaid to USA Shooting before 12 July, 2013. Individual competitors must pay registration fees using the USAS PPP National Championship web page/form which will be made available **starting 1 May 2013**.**

This program document will be updated with the USAS PPP National Championship web page/form link prior to May 1, 2013. An announcement will be posted on the USAS website under [Membership/Youth Programs/Pistol](#) when this program document has been updated.

REGISTRATION AND LIABILITY FORMS:

All coaches/instructors, athletes and chaperones must complete the following for the competition venue that they attending:

Pool Range Complex, Ft. Benning, GA – see Attachment A

The Olympic Shooting Center, Colorado Springs, CO – see Attachment B, C and D

Bring these documents completed and signed when you check in at your competition venue.

AWARDS:

Individual:

Top competitors in each category will be awarded Gold, Silver, and Bronze championship medals.

For the first time there will be a sub-junior category in the International Standing event. This is a category for those 14 and under who wish to compete in the International Standing event with the consent of their coach and parents.

To be named Individual National Champion for the PPP National Championships a competitor must compete in the International Standing (standing, one handed, unsupported) category.

The top male and top female in the International Standing category will be named to the USA Shooting National Junior Development Team.

Teams:

The top three club teams in each of the categories (Supported Position, Mixed Supported Position and International Standing Position) will receive championship medals.

Anyone interested in donating special trophies for the competition is welcome to contact Michael Theimer at michael.theimer@usashooting.org.

CONTACT INFORMATION:

USA Shooting and NRA are co-partners for the National Progressive Position Air Pistol Championship. For more information contact the following:

Michael Theimer
USA Shooting
Youth Programs & Athlete Development Manager
(719)866-4889
michael.theimer@usashooting.org

Sheri L. Judd
National Rifle Association
NRA High Power and Air Gun
(703) 267-1598 Work
sjudd@nrahq.org

Mike Behnke, GS
S3 Operations/Competitions
U.S. Army Marksmanship Unit
(706) 545 7841 office
(706) 570 2792 cell
michael.behnke@usaac.army.mil



Attachment A

WAIVER OF LIABILITY US Army Marksmanship Unit

NOTICE: By executing this document you waive certain legal rights on behalf of yourself and your family. You should read this document carefully before you sign it.

In consideration for being permitted to participate in activities on Fort Benning, Georgia, I _____, do hereby agree to waive, indemnify, and hold harmless the United State of America, its agents, servants, and employees from any and all claims, demands, causes of action, liability, judgments, costs and attorney fees arising out of, claimed on account of, or in any manner predicated upon my trip at Fort Benning, including any claims and actions for property damage or personal injury I receive in connection with such trips. I further agree to indemnify and hold harmless the United States of America, its agents, servants, and employees, and waive liability for any additional claims, suits, or actions for personal injury, loss of consortium, and property damage for which my heirs, executors, administrators, agents, and each of them, may hereafter acquire against the United States of America, its agents, servants, and employees to the extent that such claims, suits, or actions derive from injury, damage, or death that occurs in connection with my trip and participation in the shooting tournament at Fort Benning.

Signed and executed on this _____ day of _____, 2013.

Signature of Participant
(Print name and Sign)

Witness (Print name and sign)



Attachment B

UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Program Name: Progressive Position Air Pistol National Championships

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: _____
First M.I. Last

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Gender: Male Female US Citizen: Yes No If no, what nationality? _____

Birth Date: _____ Social Security Number (last four digits only): XXX-XX-_____

(Four digit SSN and Birthdate required. Used for OTC filing purposes ONLY)

Address: _____ State: _____

City: _____ Zip: _____ Country: _____

EMERGENCY CONTACT INFORMATION (Required)

Name: _____ Relation: _____

Address: _____ State: _____

City: _____ Zip: _____ Country: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program:

Athlete Coach Official NGB Administrator
 Staff Trainer Intern Other: _____

Athletes-Please check your skill level for this program:

Olympic Caliber: Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or the NGB's World Championships

National: NGB National Senior Team member, or competition in a major international event within the last 12 months

Junior National: NGB National Junior Team member, or competition in a major international event within the last 12 months

Development: Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level

FOR OFFICE USE ONLY

Program Name: _____ Complete Paperwork: _____

Missing Information: Bio _____ Medical _____ Waiver _____ HIPAA _____

UNITED STATES OLYMPIC TRAINING CENTER

WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION (I.E., TRAVEL, TRAINING, COMPETITION, PROCESSING, MEETING OR TESTING SESSIONS) AT OLYMPIC TRAINING CENTERS AND the United States Olympic Education Center (USOEC) at Northern Michigan University. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.

IN CONSIDERATION of my involvement in the sport and activities under the auspices of **USA Shooting**, this sponsoring organization at this United States Olympic Training Center and the USOEC at Northern Michigan University, I acknowledge, appreciate and agree that:

1. RISK IS INHERENT IN PARTICIPATION IN MY SPORT, and in related training and discipline, including risks from the use of equipment and facilities, the risk of injury does exist, as well as the risk of damage to or loss of property; THESE RISKS INCLUDE EXTENSIVE AND SEVERE BODILY INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, HARASSMENT, AND EXPOSURE TO INAPPROPRIATE CONDUCT.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.
4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE INTERNATIONAL OLYMPIC COMMITTEE, THE UNITED STATES OLYMPIC COMMITTEE, AND/OR MY NATIONAL GOVERNING BODY, NORTHERN MICHIGAN UNIVERSITY, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND/OR LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.
5. This Waiver and Release of Liability shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ **Date** _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releasees from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____ **Date** _____

Parent/Guardian Name (Please print) _____

PARTICIPANT CONSENT
TRANSPORTATION AND MEDICAL RELEASE

I hereby give consent for the USOC and the USOEC at Northern Michigan University to provide me with medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of USA Shooting. I authorize the USOC medical staff, under the supervision and protocol of the USOC physicians, to act as my agent to receive, procure, store, and issue any medications, which are prescribed for me. I understand that the medicines will be provided in non-child-safety resistant blister packs and will keep them out of the reach of children. In the event that emergency medical services are required, I hereby authorize the USOC to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between the USOC medical staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of and USA Shooting.

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC and the USOEC at Northern Michigan University.

This Release shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to the termination of my participation.

DRUG USE AND BLOOD DOPING

By registering at this USOTC and the USOEC at Northern Michigan University and in exchange for the privilege of participating in programs, I am consenting to be subject to drug testing (if selected) and the penalties applicable if found positive for a banned substance or employment of a banned method. I am aware that failure to comply with such testing will be cause for the same penalties as for those who test positive for a prohibited substance or method. I know that if I have any questions about medications and banned substances or practices I may contact the U.S. Anti-doping Agency ("USADA") Drug Reference Line (1-800-233-0393) before, during or after my USOTC and the USOEC ant Northern Michigan University stay. I understand, however, that the USADA Drug Reference Line is only advisory and that I have the absolute obligation and sole responsibility to avoid the use of any product which may contain a banned substance. The USADA Drug Reference Line cannot be reached from abroad.

X _____ Date Signed: _____
Participant Signature

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of USA Shooting at this USOTC and the USOEC at Northern Michigan University, and consent to the provision of medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs conducted at this United States Olympic Training Center and the USOEC at Northern Michigan University. In the event that emergency medical services are required, I hereby authorize the USOC and the USOEC at Northern Michigan University to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual. I have instructed my son/daughter to abide by the Participant Conduct.

X _____ Date Signed: _____

Parent/Guardian Signature Relationship: _____

Parent/Guardian Name (Please Print) _____

PARTICIPANT CONDUCT

I consent to abide by the below described rules of conduct for guests of this USOTC and the USOEC at Northern Michigan University and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Overnight visitors are prohibited in the dormitory. Please check with the appropriate OTC for visiting hours as hours vary among the sites.
4. Quiet hours commence at 10:00 pm daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition, and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be offensive under federal, state, or local laws, or a violation of USOC and the USOEC at Northern Michigan University policies and procedures.
 - b. Gross misconduct (i.e inappropriate horseplay, theft, fighting, etc.).
 - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the Olympic Training Center and the USOEC at Northern Michigan.

X _____ Date Signed: _____
Participant Signature

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of USA Shooting at this USOTC and USOEC at Northern Michigan University.

X _____ Date Signed: _____
Parent/Guardian Signature

Relationship: _____

Parent/Guardian Name (Please Print) _____

Attachment D

UNITED STATES OLYMPIC COMMITTEE

Authorization For Release of Information
Information About the Use or Disclosure

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant's Name Social Security/ID Number: XXX-XX- _____

Sport : USA Shooting

Persons/organizations authorized to provide the information include the United States Olympic Committee's Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and:

Persons/organizations authorized to receive the information include the United States Olympic Committee's Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and:

Specific description of information to be used or disclosed (including date(s)): includes all medical information, including sport science testing and evaluations (physiological, biomechanical, and psychological) which may impact my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless specified to the contrary as follows:

Specific purpose of the disclosure (*note that "as requested by me" is an acceptable purpose if you do not wish to state a specific purpose*): To allow the evaluation of my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless otherwise specified as follows:

This authorization will remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) unless otherwise indicated as follows: (indicate date, or an event relating to you personally or to the purpose of the authorization).

Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state law. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization.

I have read this Authorization for Release of Information, fully understand its terms, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ Date _____

FOR ATHLETES OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility and authority for this Athlete, do consent and agree not only to his/her authorization, but also for myself/ourselves, and my/our heirs, assigns and next of kin to authorize such release of information

Parent/Legal Guardian Signature _____ Date _____

Parent/Guardian Name (Please print) _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION