

Entry form for the

2019 W.D.F.P.F. SINGLE EVENT WORLD CHAMPIONSHIPS

ENTRÉE DEADLINE MAY 8, 2019.

Entry & Release forms to be sent with FEES to:

YOUR NATIONAL REPRESENTATIVE OFFICER

Please type or PRINT CLEARLY your complete E-MAIL ADDRESS: _____
NAME:

_____ Date of Birth: _____ - _____ - _____
(Last) (First) (M.I.) Month Day Year

Complete POSTAL Address: _____ Age on June 7th _____ 8th _____ 9th
(Street Address & Street Name)

_____ PHONE #: _____
(City) (State) (Zip Code) FAX #: _____

Gender: _____. Competition WEIGHT CLASS in KILOS: _____.

Please CIRCLE **DIVISIONS** you wish to ENTER (\$100usd FOR FIRST DIVISION, \$40usd for subsequent divisions:

UN-SQUAT UN-BENCH UN-DEADLIFT
EQ-SQUAT EQ-BENCH EQ-DEADLIFT

Please CIRCLE **CATEGORIES** you plan to enter: **WOMEN MEN**

Open; Teen 1; Teen 2; Teen 3; Junior; Masters' age _____; .
(14+) (14-15) (16-17) (18-19) (20-23) (40-unlimited)

To purchase T-Shirts @ \$20.00 each (they must be preordered) fill in the number next to the sizes you wish to ORDER:
SMALL; _____. MEDIUM: _____. LARGE: _____. X LARGE: _____. XX LARGE: _____. XXX LARGE: _____.

ENTRY FEES: Please make checks/Money Orders payable to the A.D.F.P.F.
\$100.00USD for 1 DIVISION, OPEN CATEGORY. \$40.00USD per additional DIVISION &/or CATEGORY.

Shuttle Passes: _____ Single Day (\$10/person) _____ All Days (\$20/person)

YOUR enclosed ENTRY FEE: \$ _____ plus T-SHIRT ORDERS: \$ _____ plus shuttle passes \$ _____; TOTAL amount:
\$ _____. Please make check/money order PAYABLE TO **Michael Stagg** Mailing address listed at top of this page. Credit
or debit will be accepted, contact either Mike Stagg or Bill Sias

RELEASE FROM LIABILITY and CONSENT TO DRUG TEST:

NOTE: (Please read this release very carefully as when you sign it, you will be giving up important legal rights)

In consideration of the acceptance of my entry form for these 2019 Single Event WORLD Championships, I intend to be legally bound for not only myself, but also my heirs, executors and my administrators.

Additionally, I understand that Powerlifting is an inherently hazardous activity and that participation in this sport exposes me to the risk of injury or death. I further understand that NEITHER the A.D.F.P.F. NOR the W.D.F.P.F. will reimburse me for, or coverage of any medical expenses incurred by me as a result of injuries that I might sustain, training for, traveling to or from, or participating in the competition.

In signing this release from liability, I waive and release anyone connected with this competition; i.e. the meet directors, the American Drug-Free Powerlifting Federation (ADFPF), championships sponsors and staff, the World Drug-Free Powerlifting Federation (WDFPF), the contest facilities or any persons associated with the competition from any and all liability, including any results of negligence which may arise from this competition. Moreover, I agree that any testing method selected by W.D.F.P.F. & A.D.F.P.F. recognized testing officers may be applied to detect the presence of drugs, as listed on the World Anti-Doping Agency (WADA) banned substances list which SHALL BE CONCLUSIVE. I agree to co-operate fully with all required IOC & WADA sampling and testing procedures. This includes any testing procedures that may be considered necessary prior to or after this event.

Should I fail to pass the drug testing procedures, I agree to forfeit any trophy, award, record or placing which I won during the championships and I also forfeit any previous trophy, award, record or placing should the offence be deemed serious enough, according to ADFPF & WDFPF rules, to warrant such an action. I understand and agree that if I fail to pass the drug testing process, my name will appear on a published list of suspended members. If determined that I failed the drug test, I agree to waive any claim for which legal relief is available. I also agree to waive any claim that might arise under state, national or international law for defamation, slander, libel, or any other claim for which legal relief is available.

I realize that if I do not attend the 2019 SINGLE EVENT WORLD CHAMPIONSHIPS for any reason, I will forfeit all fees that cannot be exchanged. I agree to pay any attorney fees and litigation expenses incurred by any person real or corporate, whom I may sue in an effort to challenge this release from liability.

I understand that my agreement to pay attorney fees and litigation expenses is the SINE QUA NON for acceptance of my entry in this championship. If any provision of this Release From Liability shall be deemed by a court of competent jurisdiction to be invalid, the remainder of this Release from Liability shall remain in full force and effect. I also certify with my signature that this release/agreement cannot be modified orally.

Signature of athlete: _____ Date: _____.

(If lifter is under 18 years of age, complete the following:)

Signature of parent/guardian: _____ Date: _____.

Certification: I hereby give my word of honor as an athlete that I have not used any strength inducing drugs (I.e., any anabolic steroid, natural hormone or synthetic growth hormone) as part of my training at any time.

Signature of athlete: _____ Date: _____.