



STRENGTH ACADEMY

2017 CONNECTICUT STATE CHAMPIONSHIP

SANCTION II EVENT HOSTED BY STRENGTH ACADEMY, LLC

BENCH – DEADLIFT – STRICT CURL

SIGN-UP IS LIMITED TO 50 LIFTERS WHO REGISTER

DATE: SATURDAY DECEMBER 2ND

TIME:

- WEIGH-IN WILL BE HELD ON FRIDAY DECEMBER 1ST FROM 12PM-5PM AND SATURDAY DECEMBER 2ND FROM 6AM-7AM
- TECHNICAL MEETING SATURDAY DECEMBER 2ND AT 8:00AM
- LIFT BEGINS SATURDAY DECEMBER 2ND AT 9AM

IDENTIFICATION: PHOTO IDENTIFICATION IS NECESSARY TO VERIFY EVERY LIFTER'S ENTRY INFORMATION AND TO HELP VALIDATE DRUG TESTING; ACCEPTABLE IDENTIFICATION INCLUDES DRIVER'S LICENSE, STATE ID, SCHOOL ID OR PASSPORT

FEDERATION MEMBERSHIP FEE: 100% RAW FEDERATION MEMBERSHIP MUST BE CURRENT BEFORE THE COMPETITION; VISIT [HTTPS://RAWPOWERLIFTING.COM/JOIN-US/REGISTRATION/](https://rawpowerlifting.com/join-us/registration/) TO REGISTER.

ENTRY FEE: ALL FEES MUST BE PAID BY THE DEADLINE DATE OF NOVEMBER 2ND

AWARDS: TROPHIES FOR EACH AGE AND WEIGHT CLASS; ALL AWARDS WILL BE GIVEN OUT AFTER THE COMPLETION OF ALL EVENTS

ATTIRE:

- SINGLET IS MANDATORY FOR ALL EVENTS.
- ALL PARTICIPANTS DEADLIFTING MUST HAVE KNEE-HIGH SOCKS.
- ATHLETIC SHOES ONLY
- COTTON TEE-SHIRTS; MUST BE FREE FROM ANY LOGOS OR PRINT
- BELTS AND WRIST WRAPS ARE PERMITTED IN ACCORDANCE WITH 100% RAW FEDERATION SPECIFICATIONS.

DRUG TESTING: THIS IS A DRUG-FREE EVENT AND DRUG TESTING WILL TAKE PLACE

STRENGTH ACADEMY, LLC
530 WEST MAIN STREET, CHESHIRE, CT 06410
WWW.STRENGTHACADEMYLLC.COM
STRENGTHACADEMYLLC@GMAIL.COM
860-863-1220



PARTICIPANT REGISTRATION FORM

NAME: _____ DATE OF BIRTH: ___/___/___ AGE: ___ SEX: M / F

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

BODY WEIGHT (LBS.): _____ 100% RAW MBSHP #: _____ EXPIRATION: _____

CIRCLE WEIGHT CLASS:

WOMEN	66	77	88	97	105	114	123	132	148	165	181	198	198+						
MEN	66	77	88	97	105	114	123	132	148	165	181	198	220	242	275	308	SHW		

DIVISIONS (CHECK AS MANY AS YOU WANT TO ENTER): EACH DIVISION HAS ALL WEIGHT CLASSES.

- | | |
|--|--|
| <input type="checkbox"/> YOUTH 11 & UNDER | <input type="checkbox"/> MASTERS 50-54 |
| <input type="checkbox"/> TEEN 12-13 | <input type="checkbox"/> MASTERS 55-59 |
| <input type="checkbox"/> TEEN 14-15 | <input type="checkbox"/> MASTERS 60-64 |
| <input type="checkbox"/> TEEN 16-17 | <input type="checkbox"/> MASTERS 65-69 |
| <input type="checkbox"/> TEEN 18-19 | <input type="checkbox"/> MASTERS 70-74 |
| <input type="checkbox"/> JUNIOR 20-24 | <input type="checkbox"/> MASTERS 75-79 |
| <input type="checkbox"/> SUB-MASTERS 35-39 | <input type="checkbox"/> MASTERS 80-84 |
| <input type="checkbox"/> MASTERS 40-44 | <input type="checkbox"/> LAW/FIRE/MILITARY |
| <input type="checkbox"/> MASTERS 45-49 | |
| <input type="checkbox"/> OPEN (ALL AGES) | |

*****25-29 AND 30-34 MUST ENTER THE OPEN TO CROSSOVER TO THE AGE CLASS*****

EVENTS:

- | | |
|--|----------------------|
| <input type="checkbox"/> BENCH PRESS | \$75 |
| <input type="checkbox"/> DEADLIFT | \$75 |
| <input type="checkbox"/> STRICT CURL | \$75 |
| <input type="checkbox"/> CROSSOVERS: # OF CROSSOVERS | \$10 x ___ = \$_____ |
| (EX, BENCH PRES & DEADLIFT ONLY \$85; | |
| ALL THREE EVENTS \$95) | |

TOTAL AMOUNT ENCLOSED \$_____ (PAYMENT MUST BE IN THE FORM OF CASH OR DEBIT/CREDIT CARD)



MEET DIRECTORS PATRICK RUSSO NIKKI DORVAL	WEIGH-IN FRIDAY AFTERNOON 12PM-5PM SATURDAY MORNING 6AM-7AM	ALL ENTRIES ARE DUE IN BY NOVEMBER 2ND
EQUIPMENT CERTIFIED WEIGHTS	RULES MEETING TECHNICAL MEETING 8AM	SEE COACH NIKKI FOR PAYMENT
	LIFTING STARTS AT 9AM	NO REFUNDS OR TRANSFERS

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ATHLETES MUST COMPLETE AND SIGN THE RAW RELEASE WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND THE PARENTAL CONSENT AGREEMENT (“AGREEMENT”)

Release, Waiver of Liability, Assumption of Risk, Indemnity, and parental Consent Agreement (“agreement”)

In consideration of being permitted to participate in a 100% Raw (“activity”) I, my personal representatives, and assigned heirs and next to kin:

1. **ACKNOWLEDGES**, agree and represent that I understand the nature and activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in this activity.
2. **FULLY UNDERSTAND** that (a) **ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“Risks”)**; (b) these Risks and dangers may be caused by my own actions or in actions of others participating in the activity, the condition in which the activity takes place, or **THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW**; (c) there may be **OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation or that of the minor in the activity.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the 100% Raw Powerlifting Inc, Strength Academy, LLC, Feel Well Health Center, Patrick Russo, Nikki (Nicole) Dorval, related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, and any other party indemnified and held harmless by 100% Raw Powerlifting (each considered one of the **“RELEASEES”** herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECRETATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE** that if, despite this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT** I, or anyone on my behalf, makes a claim against any of the Release’s, **I WILL INDEMNIFY, SAFE AND HOLD HARMELESS EACH OF THE RELEASEES** from any litigation expense, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
4. **DRUG TESTING STATEMENT, AGEEMENT, AND RELEASE OF LIABILITY**

I give my word as an athlete that I have not utilized any type of strength-inducing chemicals (anabolic steroids, growth hormones, etc....) for the past three years (December 2, 2014 to December 2, 2017).

In consideration of the acceptance of this entry, I agree to any test method deemed necessary by the meet director(s) and that the results of said testing method which the meet director and/or sponsors of this meet use and detect the presence of the strength inducing drugs may be released to any third party(ies) and I generally and specifically waive any right to privacy if any, related there to.

I hereby waive and release, intending to be legally bound to myself, my executors, administrators, and heirs, all rights and claims for damages I may have against all parties associated with the “STRENGTH ACADEMY 2017 CONNECTICUT STATE CHAMPIONSHIP” as a result of testing positive for the utilization of strength-inducing chemicals.

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DRUG TESTING STATEMENT, AGEEMENT, AND RELEASE OF LIABILITY (continued)

My entry into the "STRENGTH ACADEMY 2017 CONNECTICUT STATE CHAMPIONSHIP" constitutes my consent to the testing procedures; and, if any such results test positive, I understand that I shall be disqualified from the pertinent competition and suspended for a period to be fixed by the meet director(s).

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NAUTRE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL ELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed name of participant: _____ Phone: _____

Participant's signature (only if age 18 or over): _____ Date: _____

MINOR RELEASE

AND I, THE MINORS PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PARTY BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCEL RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I THE MNIOR OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAME ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMELSS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed name of parent or guardian: _____ Phone: _____

Address (Street, City, State, Zip): _____

Parent/guardian signature (only if participant is under the age of 18): _____ Date: _____

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