



STRENGTH ACADEMY

2018 NEW ENGLAND POWERLIFTING CHAMPIONSHIP

SANCTION III EVENT HOSTED BY STRENGTH ACADEMY, LLC

SIGN-UP IS LIMITED TO 30 LIFTERS WHO REGISTER

DATE: SATURDAY MARCH 10TH

TIME:

- WEIGH-IN WILL BE HELD ON FRIDAY MARCH 9TH FROM 12PM-5PM AND SATURDAY MARCH 10TH FROM 6AM-7AM
- TECHNICAL MEETING SATURDAY MARCH 10TH AT 4:30PM
- LIFT BEGINS SATURDAY MARCH 10TH AT 5PM

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 FEBRUARY 10TH

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

EVENTS:

- BENCH PRESS \$100 (SINGLE EVENT)
- DEADLIFT \$100 (SINGLE EVENT)
- SQUAT \$100 (SINGLE EVENT)

- POWERLIFTING (BENCH; SQUAT; DEADLIFT) \$150
- CROSSOVER FEE \$25 PER EVENT \$25

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

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 40-44 |
| <input type="checkbox"/> TEEN 12-13 | <input type="checkbox"/> MASTERS 45-49 |
| <input type="checkbox"/> TEEN 14-15 | <input type="checkbox"/> MASTERS 50-54 |
| <input type="checkbox"/> TEEN 16-17 | <input type="checkbox"/> MASTERS 55-59 |
| <input type="checkbox"/> TEEN 18-19 | <input type="checkbox"/> MASTERS 60-64 |
| <input type="checkbox"/> JUNIOR 20-24 | <input type="checkbox"/> MASTERS 65-69 |
| <input type="checkbox"/> SUB-MASTERS 25-29*** | <input type="checkbox"/> MASTERS 70-74 |
| <input type="checkbox"/> SUB-MASTERS 30-34*** | <input type="checkbox"/> MASTERS 75-79 |
| <input type="checkbox"/> SUB-MASTERS 35-39 | <input type="checkbox"/> MASTERS 80-84 |
| | <input type="checkbox"/> LAW/FIRE/MILITARY |
- OPEN (ALL AGES) ***25-29 AND 30-34 MUST ENTER THE OPEN TO CROSSOVER TO THE AGE CLASS***



<p>MEET DIRECTORS PATRICK RUSSO NIKKI DORVAL</p> <p>EQUIPMENT IVANKO CERTIFIED WEIGHTS</p>	<p>WEIGH-IN FRIDAY AFTERNOON 12PM-5PM SATURDAY MORNING 6AM-7AM</p> <p>RULES MEETING TECHNICAL MEETING 4:30PM</p> <p>LIFTING STARTS AT 5PM</p>	<p>ALL ENTRIES ARE DUE IN BY FEBRUARY 10TH</p> <p>SEE/CONTACT COACH NIKKI FOR PAYMENT</p> <p>NO REFUNDS OR TRANSFERS</p>
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ELECTRONIC PAYMENT FORM

REQUIRED INFORMATION

NAME AS APPEARS ON CARD:

16-DIGIT CARD NUMBER:

EXPIRATION DATE (MM/YY):

CCV NUMBER

(3-DIGIT # ON BACK OF CARD):

BILLING ZIP CODE ASSOCIATED WITH
CARD:

TYPE OF CARD:

- VISA MASTER CARD
 AMERICAN EXPRESS

I AUTHORIZE STRENGTH ACADEMY, LLC TO ELECTRONICALLY WITHDRAWAL FUNDS FROM THE ABOVE ACCOUNT FOR THE AMOUNT SPECIFIED ON THE MEET REGISTRATION FORM. I UNDERSTAND THAT A 4% CONVENIENCE SURCHARGE WILL BE APPLIED TO ALL ELECTRONIC PAYMENTS. THE INVOICE WILL BE SENT TO THE EMAIL ADDRESS PROVIDED ABOVE.

CARD-HOLDER SIGNATURE

DATE

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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 DAMANGES 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 (March 10, 2015 to March 10, 2018).

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 "2018 NEW ENGLAND PUSH/PULL 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 "2018 NEW ENGLAND PUSH/PULL 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 NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE 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: _____ Date: _____

MINOR RELEASE (required if participant under the age of 18 years old)

AND I, THE MINORS PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES 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 PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I THE MINOR OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAME ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS 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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