



# 2024 PATRIOTS OPEN BENCH PRESS/DEADLIFT/ STRICT CURL/IRONMAN/PUSH-PULL

**Ron Rosner Family YMCA  
5700 Smith Station Road  
Fredericksburg, VA 22407**

**Meet Director: John Shifflett**

<https://family-ymca.org/find-a-y/ron-rosner/>

**Host City Fredericksburg, VA 22405**

**Date: Saturday, September 14, 2024**

**Time: Doors open – 8.00 AM**

**Weigh-in: Friday 5:00-6:00 PM Saturday by appointment only**

**Lifting: 9:00 AM**

**Technical Meeting: Saturday 8:15 AM**

**Scales: Digital scale**

**Arrivals/Transportation:** For the best directions, please go to [www.mapquest.com](http://www.mapquest.com).

**Identification:** Photo Identification is necessary for security, to verify every lifter's entry information, and to help validate drug testing. Acceptable identification includes a driver's license, state ID, school ID, and passport. Work ID badges and recreational/social club IDs are not acceptable.

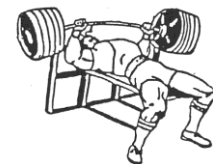
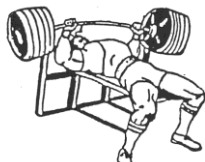
**Federation Membership Fee:** Current federation membership is required. Applicants should submit a completed membership form along with payment prior to weigh-ins. Cards must be ordered online <https://rawpowerlifting.com/join-us/registration/>

**Entry Fee:** All fees should be paid by August 17, 2024

**Awards:** Top five places for each event in each age/weight class.

**Correspondence (email preferred):** Correspondence regarding 100% Raw Powerlifting Federation Virginia events should be sent to [valifting@aol.com](mailto:valifting@aol.com) or US mail to **John Shifflett 186 Happy Hollow Road Ruckersville, VA 22968.**

Attire	4 <sup>th</sup> Lift	Order of Events		Awards
Singlet is mandatory. Athletic shoes only Tee-shirt (no profanity or XXX) Deadlifters must have knee socks	National & World Record attempts only.	1. Lifting	3. Drug Testing	Given directly after the Deadlift
		2. Awards		



# PATRIOTS OPEN BENCH PRESS/ DEADLIFT/ STRICT CURL/IRONMAN/ PUSH-PULL

Saturday, September 14, 2024 – 9:00 AM

**Ron Rosner Family YMCA**  
**5700 Smith Station Road**  
**Fredericksburg, VA 22407**

Meet Director: John Shifflett 434-985-3932 / [Valifting@aol.com](mailto:Valifting@aol.com)

**PLEASE PRINT:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_ SEX: M  F   
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_  
 DAY PHONE: \_\_\_\_\_ NIGHT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 BODY WEIGHT: \_\_\_\_\_lb **RAW CARD NUMBER:** \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

**MEMBER OF WHAT GYM / FITNESS CENTER / YMCA OR OTHER:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_

<b>CIRCLE WEIGHT CLASS:</b>																	
<b>WOMEN</b>	66	77	88	97	105	114	123	132	148	165	181	198	198+				
<b>MEN</b>	66	77	88	97	105	114	123	132	148	165	181	198	220	242	275	308	SHW
<b>DIVISIONS (CHECK AS MANY AS YOU WANT TO ENTER): Each Division has all weight classes. Crossover fee for each</b>																	
<b>YOUTH 11 &amp; UNDER:</b> <input type="checkbox"/>				<b>TEEN:</b> 12-13 <input type="checkbox"/>			14-15 <input type="checkbox"/>		16-17 <input type="checkbox"/>		18-19 <input type="checkbox"/>		<b>JUNIOR:</b> 20-24 <input type="checkbox"/>		<b>SUB MASTERS:</b> 35-39 <input type="checkbox"/>		
<b>MASTERS:</b> 40-44 <input type="checkbox"/>		45- 49 <input type="checkbox"/>			50-54 <input type="checkbox"/>		55-59 <input type="checkbox"/>		60-64 <input type="checkbox"/>		65-69 <input type="checkbox"/>		70-74 <input type="checkbox"/>		75-79 <input type="checkbox"/>		
80-84 <input type="checkbox"/> <b>OPEN: (ALL AGES)</b>					<b>LAW / FIRE / MILITARY:</b> <input type="checkbox"/>												
<b>NO REFUNDS or Transfers</b>																	
<input type="checkbox"/> <b>Ironman (Bench and Curl for a total)</b>										<b>\$ 90</b>							
<input type="checkbox"/> <b>Bench Press</b>										<b>\$ 90</b>							
<input type="checkbox"/> <b>Deadlift</b>										<b>\$ 90</b>							
<input type="checkbox"/> <b>Strict Curl</b>										<b>\$90</b>							
<input type="checkbox"/> <b>Push-Pull (Bench and Deadlift for a total)</b>										<b>\$90</b>							
<b>CROSSOVERS: # OF CROSSOVERS _____ X</b>										<b>\$50 = _____</b>							
<b>TOTAL AMOUNT ENCLOSED:</b>										<b>\$ _____</b>							
<b>Weigh-Ins:</b>  Friday, 5-6:00 PM Saturday by appointment					<b>Rules Meeting: Technical Meeting,</b> <b>8:15 AM</b>  <b>Lifting Starts: 9:00 AM</b>												
<b>ALL ENTRIES ARE DUE BY</b> <b>August 17, 2024</b>																	
<b>MAKE PAYMENT TO MEET</b> <b>PROMOTER:</b> <b>John Shifflett</b> <b>186 Happy Hollow Road</b> <b>Ruckersville, VA 22968</b> <b>PayPal Payment made to</b> <b><a href="mailto:valifting@gmail.com">valifting@gmail.com</a></b>																	

**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, assigned heirs and next to kin:

1. **ACKNOWLEDGES**, agree, and represent that I understand the nature of the 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 the 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**: 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 Federation, John Shifflett LLC, Paul Bossi, John Shifflett, William Thacker, Ron Rosner Family YMCA, 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 RECREATIONAL 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, SAVE, AND HOLD HARMLESS 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, Agreement, & Release of Liability**

I give my word as an athlete that I have not utilized any type of strength-including chemicals (anabolic steroids, growth hormone, etc.) for the past three years (September 14, 2021 to September 14, 2024)

**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 to 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 thereto.**

I hereby waive and release, intending to be legally bound for myself, my executors, administrators, and heirs, all rights and claims for damages I may have against 100% Raw Powerlifting Inc, John Shifflett LLC, Paul Bossi, John Shifflett, William Thacker, Ron Rosner Family YMCA and all parties associated with the **"2024 100% RAW Patriots Open Bench Press, Deadlift, Strict Curl** as a result of testing positive for the utilization of strength-inducing chemicals.

**My entry into the "2024 100% RAW Patriots Open," 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, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed name of participant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Minor's RELEASE**

AND I, THE MINOR'S 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 NEGLIGENT 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 COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed name of parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

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