



GREAT LAKES POWERLIFTING CHAMPIONSHIPS

SINAI SPORTS
2311 West 15th Street
Erie, Pa 16505

POWERLIFTING - BENCH - DEADLIFT

Meet Director: Diane Lewis purpleinkgraphics@yahoo.com or 814-566-2488

Location: Sinai Sports, 2311 West 15th St., Erie, PA 16505

Date: Saturday, April 20, 2024 Women, Youth and Lightweights up to 181 wt. class
Sunday, April 21, 2024 Heavyweights

Time: Doors open at 7:30am, lifting starts at 9am on both days

Weigh-In: Friday, April 19th 5-6pm, Saturday, April 20th 7:30-8:30am
Saturday, April 20th 12-2pm, Sunday, April 21st 7:30-8:30am

Technical Meeting: Saturday 8:30am and Sunday 8:30am

Spectators: \$10 one day pass /\$15 two day pass (ages 12 and up)

Arrivals and Hotels: For best directions, please go to www.maps.google.com

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

Federation Membership Fee: Current federation membership is required. New applicants must purchase a membership through the website prior to the event. Registration cards will not be available for purchase the day of the meet. All lifters must show photo ID and 100% Raw Powerlifting Federation membership card prior to weigh-ins.

Entry Fee: Limited to 50 Lifters Each Day - All fees should be paid by April 5, 2024
\$80 for Powerlifting, \$60 for Bench or Deadlift, \$35 per Crossover

Awards: Top 4 places in the Open Powerlifting event, top 3 places in all other events
Outstanding Lifter awards based on turnout.

Attire	4th Lift	Order of Events	
Singlet is mandatory Athletic shoes only T-shirt (no profanity or XXX) Deadlifters must have knee socks	National and World Record attempts only	1. Squat	2. Bench Press
		3. Deadlift	4. Awards



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April 20 and 21, 2024

Sinai Sports, 2311 W. 15th Street, Erie, PA 16505

Meet Director: Diane Lewis purpleinkgraphics@yahoo.com or 814-566-2488

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: _____
 TEAM/GYM: _____

CIRCLE WEIGHT CLASS:

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

DIVISIONS (CHECK AS MANY AS YOU WOULD LIKE TO ENTER): Each Division has all weight classes

YOUTH 11 & UNDER: <input type="checkbox"/>		TEEN: 12-13 <input type="checkbox"/>		14-15 <input type="checkbox"/>	16-17 <input type="checkbox"/>	18-19 <input type="checkbox"/>	JUNIOR: 20-24 <input type="checkbox"/>		SUB MASTERS: 35-39 <input type="checkbox"/>		
MASTERS:	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+ <input type="checkbox"/>		
OPEN: (ALL AGES) <input type="checkbox"/>		POLICE/FIRE/MILITARY: <input type="checkbox"/>									

NO REFUNDS OR TRANSFERS

ALL ENTRIES ARE DUE NO LATER THAN APRIL 7, 2023

T-SHIRTS: S x _____ M x _____ L x _____ XL x _____ 2XL x _____ 3XL x _____

EVENT T-SHIRTS ARE ONLY \$15 EACH WHEN ORDERED ALONG WITH REGISTRATION. YOU CAN ORDER AS MANY AS YOU LIKE.

<input type="checkbox"/> Powerlifting	\$80
<input type="checkbox"/> Bench Press	\$60
<input type="checkbox"/> Deadlift	\$60
<input type="checkbox"/> Team Entry (Roster of 10)	\$75
<input type="checkbox"/> CROSSOVERS: # OF CROSSOVERS _____	x \$35 _____
<input type="checkbox"/> T-Shirt(s) _____ x \$15 each	x \$15 _____
TOTAL AMOUNT ENCLOSED:	_____

Rules: 100% RAW rules can be found online or by requesting from our main office. Drug testing will be conducted so be sure to take responsibility for what you put into your body. For help/info contact the USOC hotline at 1-800-233-0393 or www.wada.com.

Weigh-Ins: Friday, April 19th 5-6pm
 Saturday, April 20 7:30-8:30am and 12-2pm
 Sunday, April 21st 7:30-8:30am
 @Venue: Sinai Sports

Visit Great Lakes Powerlifting Championships
 Facebook page for Hotel information and
 updates

**MAKE CHECK OR MONEY ORDER
 PAYABLE TO MEET DIRECTOR:**

**Diane Lewis
 PO Box 15
 Waterford, PA 16441**

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 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, Paul Bossi, Diane Lewis, or any 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 the 100% RAW, (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 NEGLIGENCE RESCUE OPERATIONS, NEGLIGENCE 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 two years.

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 there to. I also understand that 100% RAW Powerlifting Federation, Inc. reserves the right to publish drug-testing results (passes and failures).

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 Sinai Sports or Diane Lewis and all parties associated with this **"Great Lakes Powerlifting Championships" event as a result of testing positive for the utilization of strength-inducing chemicals. Should I fail the drug test, I agree to forfeit my award that I may have won. I agree that if I fail the drug test my name will appear on a published list of suspended members. If the drug test to which I submit is positive, then I waive any claim, action or cause for which legal relief is available.**

My entry into the "Great Lakes Powerlifting Championships" event 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 (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 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 COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed name of Parent or Guardian _____ Phone: _____

Address _____ City _____ State _____ zip _____

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