



## Sanction III Event

# 2024 Ohio State Championship

### Strict Curl / Full Power / Push Pull / Bench / Deadlift

Meet Director: **Shane Hudson** phone **440-781-3444** email [shane-hudson@sbcglobal.net](mailto:shane-hudson@sbcglobal.net)

Location: **MAXOUT SPORTS – 23860 Miles Rd, Bedford Heights, OH 44128**

Date: **Sunday December 8, 2024**

Lifting: Strict Curl, Full Power (includes squat), Push Pull, Bench Press & Deadlift.

Time: Doors open 7am, Lifting starts at 9am

Weigh-in: Saturday: December 7 5-6pm  
Sunday : December 8 7-8am

Rules & Technical Meeting: 8:15am Lifting Starts at 9:00am.

Admission: 5.00 fee for adults. Free admission for children.

Arrivals/Transportation: Ample parking is available in the lot. For best directions, [www.google.com](http://www.google.com).

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

Federation Membership Fee: Current federation membership is required.

Entry Fee: **Limited to 50 lifters** - All fees should be paid by the **Deadline Date: November 22, 2022**

Attire	4 <sup>th</sup> Lift	Order of Events	
Singlet is mandatory	State, National & World Record Attempts	1. Strict Curl	2. Squat
		3. Bench Press	4. Deadlift

**THIS IS A DRUG FREE EVENT  
AND DRUG TESTING WILL TAKE  
PLACE.**

**Strict Curl Platform  
Gopher Curl Bar  
Ohio Deadlift Bar  
Nebula Bench  
Ivanko Certified Chrome Plates**

**State Records  
National Records  
World Records**



# Powerlifting Federation

## Ohio State Championship 2024

Sunday December 8, 2024

MaxOut Sports

23860 Miles Road, Bedford Heights, OH 44128

Meet Director: Shane Hudson 440-781-3444 / [shane-hudson@sbcglobal.net](mailto:shane-hudson@sbcglobal.net)

**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: \_\_\_\_\_

**CIRCLE WEIGHT CLASS:**

<b>WOME</b>	97	105	114	123	132	148	165	181	198	198+					
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<b>MEN</b>		105	114	123	132	148	165	181	198	220	242	275	308	SHW	
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**DIVISIONS (CHECK AS MANY AS YOU WANT TO ENTER): Each Division has all weight classes.**

<b>YOUTH 11 &amp; UNDER:</b> <input type="checkbox"/>	<b>TEEN: 12-13</b> <input type="checkbox"/>	14-15 <input type="checkbox"/>	16-17 <input type="checkbox"/>	18-19 <input type="checkbox"/>	<b>JUNIOR: 20-24</b> <input type="checkbox"/>
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<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"/>
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<input type="checkbox"/> <b>OPEN: (25-24) &amp; ALL AGES</b>	<input type="checkbox"/> <b>POLICE / FIRE / MILITARY:</b>	<input type="checkbox"/> <b>SUB MASTERS: 35-39</b>
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<b>T-SHIRT:</b>	S <input type="checkbox"/> x _____	M <input type="checkbox"/> x _____	L <input type="checkbox"/> x _____	XL <input type="checkbox"/> x _____	2XL <input type="checkbox"/> x _____	3XL <input type="checkbox"/> x _____
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Event Custom t-shirts are only \$25 each when ordered along with registration. You can order as many as you like.

<input type="checkbox"/> Full Powerlifting	\$85
<input type="checkbox"/> Bench Press Only	\$75
<input type="checkbox"/> Deadlift Only	\$75
<input type="checkbox"/> Strict Curl	\$75
<input type="checkbox"/> Push/Pull	\$85

<input type="checkbox"/> Team Fee (ROSTER OF 10)	\$120
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<b>CROSSOVERS: # OF CROSSOVERS</b> _____ X	\$30
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<b>Custom T-Shirt(s)</b> _____ X \$30 each	= \$ _____
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**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_

**ALL ENTRIES ARE DUE BY**  
**Restricted to 50 Lifters**  
**November 22, 2023**

**Send Payment to and Checks Payable to:**

**MaxOut Sports**  
**Attn: Shane Hudson**  
**23860 Miles Road**  
**Bedford Heights, OH 44128**

**Sanction III Event**  
State Records  
National Records  
World Records

**Weigh-Ins:**

Sat Dec 7 5PM - 6PM  
Sun Dec 8 7AM - 8AM

**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

**Rules & Technical Meeting:**

Sunday December 8 8:15am  
Lifting Starts at 9:00am

**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, Inc., Paul Bossi, Shane Hudson, MaxOut Sports LLC** and 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 FEDERATION, INC., (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 (**December, 2021 to December, 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 there to.**

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 Federation, Inc., Shane Hudson, MaxOut Sports LLC** and all parties associated with the **2024- 100% RAW OHIO STATE CHAMPIONSHIP** as a result for testing positive for banned substances and the utilization of strength-inducing chemicals. I give permission to post my name and make it public if I test positive.

**My entry into the 2023 - 100% RAW AMERICAN Ohio 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 from the federation for a 2 year term.**

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 release'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 "releases" 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 releases name above, i will indemnify, save, and hold harmless each of the releases 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: \_\_\_\_\_