



# 2026 National Masters Championships

## York Barbell/Weightlifting Hall of Fame

3300 Board Road,  
York, PA 17406

Meet Director: John Shifflett  
Dates: April 17-18, 2026



Venue 3300 Board Road,  
York, PA 17406

<https://yorkbarbell.com/location/weightlifting-hall-of-fame/>

**Time:** Doors open – 8:00 AM Admission \$10 per day at the door.

**Weigh-in:** Friday Lifting April 17 12-2 PM. Friday 9-11 AM Saturday by appointment only

<p><b>Lifting Schedule</b>  <b>April 17</b> Strict Curl, Bench Press and Ironman (Bench and Curl for a total)                  Friday Lifting @ Noon</p> <p><b>April 18</b> Powerlifting- Push Pull- Deadlift. Lifting @ 9 AM Saturday</p>	
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**Technical Meetings:** Friday 11:15 AM Saturday 8:15 AM

**Scales:** Digital scale

**Arrivals/Transportation:** Ample parking is available. For best directions, please go to

[www.mapquest.com](http://www.mapquest.com). Airport <http://www.flyhia.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. Cards available only online

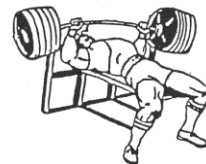
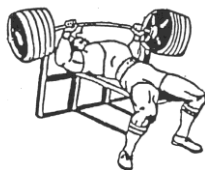
<https://rawpowerlifting.com/member-login/>

**Entry Fee:** All fees should be paid by **March 15, 2026. NO LATE ENTRIES- FIRST 60 LIFTERS PER DAY TO ENTER EACH DAY WILL BE ACCEPTED. NO REFUNDS or TRANSFERS. Teams send in your roster by March 15, 2026. Team Entry \$100**

**Awards:** Awards top five in each age and weight class.

**Correspondence (email preferred)** 100% Raw Powerlifting Federation Virginia events should be sent to the [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) Knee high socks for Deadlifts	World & National Record attempts only.	1. Lifting	2. Awards	Given directly after the Lifting.
		3. Drug testing		



Powerlifting Federation Inc  
[www.rawpowerlifting.com](http://www.rawpowerlifting.com)

# NATIONAL MASTER'S CHAMPIONSHIPS

April 17-18, 2026  
 York Barbell  
 3300 Board Road  
 York, PA 17406

Meet Director: John Shifflett / [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: \_\_\_\_\_

<b>CIRCLE WEIGHT CLASS:</b>																		
<b>WOMEN</b>					97	105	114	123	132	148	165	181	198	198+				
<b>MEN</b>						105	114	123	132	148	165	181	198	220	242	275	308	SHW
<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"/>	85-89 <input type="checkbox"/>	90-94 <input type="checkbox"/>				P/F/M <input type="checkbox"/>	Sub-Master	35-39 <input type="checkbox"/>										

**FIRST 60 LIFTERS Daily TO ENTER THE MEET WILL BE ACCEPTED**

<input type="checkbox"/> POWERLIFTING <input type="checkbox"/> Push Pull <input type="checkbox"/> Deadlift <p style="text-align: center;">Saturday Lifting</p>	\$110 \$110 \$110	<b>ALL ENTRIES ARE DUE BY IN HAND            By March 15, 2026</b>
<input type="checkbox"/> Bench Press <input type="checkbox"/> Strict Curl <input type="checkbox"/> Ironman Bench and Strict Curl for a total <p style="text-align: center;">Friday Lifting</p>	\$110 \$110 \$110	
<b>NO REFUNDS or TRANSFERS</b>		<b>MAKE PAYMENT AND MAIL TO:            John Shifflett            186 Happy Hollow Road            Ruckersville, VA 22968</b>
CROSSOVERS: # OF CROSSOVERS _____ X First Division enter is \$110 all others cost \$50	\$50 = _____	
TOTAL AMOUNT ENCLOSED:	\$ _____	
<b>Weigh-Ins:</b> York Barbell/Weightlifting Hall of Fame	Thursday 12-2 PM (Friday lifting only) Friday 9-11 AM Saturday by Appointment	<b>Rules Meeting: Technical            Meeting, 8:15 AM            Lifting Starts: 9:00 AM</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, 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., John Shifflett LLC., John Shifflett, William Thacker, York Barbell Club, Weightlifting Hall of Fame, 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 (**April 17, 2023 to April 18, 2026**)

**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 Inc., John Shifflett LLC, John Shifflett, William Thacker, York Barbell, Weightlifting Hall of Fame and all parties associated with the **"2026 100% RAW Inc., National Masters Championships "** as a result of testing positive for the utilization of strength-inducing chemicals.

**My entry into the "2026 100% National Masters Championships I" 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 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: \_\_\_\_\_

## Hotels info

[Wingate by Wyndham York | York, PA Hotels](#)

Explore York  
[www.yorkpa.org](http://www.yorkpa.org)



**More info to be added**

**Sponsors & Vendor info contact me at [valifting@aol.com](mailto:valifting@aol.com)**