



2027 United States Open Bench Press-Deadlift-Strict Curl

York Barbell/Weightlifting Hall of Fame

3300 Board Road,
York, PA 17406

Meet Director: John Shifflett

Dates: July 17, 2027



Venue 3300 Board Road,
York, PA 17406

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

Time: Doors open – 8:00 AM Admission \$20 at the door includes Strongman-Woman Contest.

Weigh-in: Friday 9-11 AM Saturday by appointment only

Technical Meeting:
Saturday 8:15 AM

Scales: Digital scale

Arrivals/Transportation: Ample parking is available. For best directions, please go to 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 **June 24, 2027. NO LATE ENTRIES- NO REFUNDS or TRANSFERS. Teams send in your roster by June 24, 2027. 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 or US mail to John Shifflett 186 Happy Hollow Road Ruckersville, VA 22968.

Attire	4 th Lift	Order of Events		Awards
Singlet is mandatory. Athletic shoes only Tee-shirt (no profanity or XXX)	World & National Record attempts only.	1. Lifting	2. Awards	Given directly after the Lifting.
		3. Drug testing		



Powerlifting Federation Inc

www.rawpowerlifting.com

2027 United States Open

July 17, 2027

York Barbell

3300 Board Road

York, PA 17406

Meet Director: John Shifflett 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: _____

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
Open ☐		Under 11 ☐		Teen 14-15 ☐		16-17 ☐		18-19 ☐				Junior 20-24 ☐		Sub-Master 35-39 ☐				
MASTERS:		40-44 ☐		45-49 ☐		50-54 ☐		55-59 ☐		60-64 ☐		65-69 ☐		70-74 ☐		75-79 ☐		
80-84 ☐		85-89 ☐		90-94 ☐		P/F/M ☐												
☐ Strict Curl ☐ Bench Press ☐ Deadlift \$110 \$110 \$110 ALL ENTRIES ARE DUE BY IN HAND By June 24, 2027																		
PayPal payments can be made to valifting@gmail.com account.										NO REFUNDS or TRANSFERS								
CROSSOVERS: # OF CROSSOVERS _____ X First division or age bracket \$110 all others \$50 Crossover fee. Example Bench only and Deadlift \$160										\$50 = _____ MAKE PAYMENT AND MAIL TO: John Shifflett 186 Happy Hollow Road Ruckersville, VA 22968								
TOTAL AMOUNT ENCLOSED:										\$ _____ Rules Meeting: Technical Meeting, 8:15 AM Lifting Starts: 9:00 AM								
Weigh-Ins: York Barbell				Friday 9-11 AM Saturday by appointment.														

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 (**July 17, 2024 to July 17, 2027**)

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 **"2027 100% RAW Inc., United States Open "** as a result of testing positive for the utilization of strength-including chemicals.

My entry into the "2027 100% United States Open I" constitutes my consent to the testing procedures; and, if any such results test positive, I understand that I shall be disqualified form 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: _____

Hotel info

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

Explore York

<https://www.yorkpa.org/>



More info to be added

Sponsor and Vendor info contact me at valifting@aol.com