Maine State High School Push/Pull & Bench Press Contest

Date: Saturday February 9, 2013

Place: Winslow Jr. High School 6 Danielson Street Winslow, ME 04901

Directions: http://www.mapquest.com

Terry Halliday Ph# 207-314-0430 Meet Directors: Mike Kalter ph# 207-229-9336

Time: Lifting starts at 11:00 AM Weigh-Ins Start at 9:00 AM Rules briefing at 10:30 AM

Entry Fee: \$35.00 For Bench Or Push/Pull; \$45.00 For both.

This is a USAPL sanctioned meet, thus \$15.00 dollars of your entry fee will go towards the purchase of a 6 month High School membership.

There will be two divisions for High School athletes to compete in unequipped, or equipped.

Awards:

Top 3 lifters in each weight class & division will receive certificates.

There will be one High School team trophy

USAPL/IPF rules will govern this meet which is a drug tested meet with a minimum of 10% of the lifters tested using urinalysis testing.

<u>All lifters must have some form of photo ID. (eg. Drivers license, school id) This is in case you are selected for drug testing.</u>

There will also be a optional meet DVD available for \$7.50

Please type or print clearly

First Name:		Last Nam	ie:		
Address:					
City:	State:	. <u></u>	Zip:	Country:	
Phone:		Email:			
USAPL Card#:		Expiration Dat	te:		
Date of Birth:		Male 🗌 Female 🗌			
BENCH Unequippe Division(s): Push/Pull Unequippe Division(s):	Equipped				
Weight Class:					
Weight classes are Men – 114, 123, 132, 148 Women – 97, 105, 114, 12 Entry Fee: Meet DVD =	23, 132, 148, 165, 181	, 198, UNL			
\$7.50		TOTAL \$	_		
Participant's Emerger	ncy Contact Inform	nation			
Name:				Relation:	
Address:					
City/State/Zip:				Phone:	

Mail entry & make checks payable to: **Terry Halliday, P.O. Box 144, Norridgewock ME 04957 Due Date:** Entries must be postmarked by January 25, 2013. Entries postmarked after this will be assessed a \$20.00 dollar late fee.

RELEASE FROM LIABILITY

IMPORTANT: READ THIS RELEASE CAREFULLY. WHEN YOU SIGN IT YOU WILL BE GIVING UP IMPORTANT LEGAL RIGHTS.

In consideration of my participation in the Maine State Push/Pull & Bench Press Contest as a competitor, as a loader/spotter, as a referee, as a platform worker, or as in any other capacity, I intend to be legally bound, for not only myself but also for my heirs, executors, representatives, agents, successors, assigns, and administrators. By signing this Release of Claims, I waive, release, and forever discharge USAPL, USAPL officers and officials, the meet directors(s), Winslow Public school system, the loaders and spotters, the referees, all meet personnel, and all USAPL administrative personnel, agents, independent contractors, and employees associated with this competition, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, that I, my heirs, personal representatives, or assignees, may have against USAPL and the aforementioned parties for all injuries and damages, known or unknown, that I may incur as a result of my participation and/or involvement in the above-described event or by my use of the facility in which this competition is held.

I do further agree that I shall indemnify and save harmless USAPL, USAPL officers and officials, the meet directors(s), the loaders and spotters, the referees, all meet personnel, and all USAPL administrative personnel, agents, independent contractors, and employees, from any and all claims, demands, damages, loss of service, or expense for property damage and for personal injuries or actions brought by a third party resulting or arising from my participation in the above-described competition or my use of the facility in which this competition is held.

Further, I assume the risk of my participation in this sport and in this competition, which is potentially dangerous, like most other sports. Serious to minor injuries can and do occur. I further recognize that my participation in this competition is voluntary and requires that I assume the risk of this potentially dangerous sport and, therefore, I assume the risk of potential injury.

Further, if I am asked to submit to a drug test, I agree that any testing method which the meet director and the sponsors of this meet use to detect the presence of strength-inducing drugs SHALL BE CONCLUSIVE. That is, whether I think the results of the tests are right or wrong I agree that I have no right to challenge the results of the drug tests. I further agree to submit to any physical tests that may be necessary to complete the drug testing. Should I fail to pass the drug tests, I agree to forfeit any trophy or award that I might otherwise have won. I understand and agree that if I fail to pass the drug tests, my name will appear on a published list of suspended members. If the drug test to which I submit is reported as positive, then I waive any claim, action, or cause of action for which legal relief is available.

I agree to pay any attorney fees and litigation expenses incurred by any person, real or corporate, whom I may sue in an effort to challenge this **Release of Claims**. I understand that my agreement to pay attorney fees and litigation expenses is the *sine qua non* for the acceptance of my entry in this contest or my participation in this competition. If any provision of this **Release of Claims** shall be deemed by a court of competent jurisdiction to be invalid, the remainder of this **Release of Claims** shall remain in full force and effect. I also certify with my signature that this **Release of Claims** cannot be modified orally.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMATION CONTAINED IN THIS DOCUMENT AND THAT I SIGN THIS RELEASE OF CLAIMS VOLUNTARILY WITH KNOWLEDGE THAT I WAIVE IMPORTANT LEGAL RIGHTS.

	Signature of Parent or Guardian if the Participant is under 21 years old		
Date	Print Your Name	Date	
	Date	years old	

CERTIFICATION FOR COMPETITORS

I hereby give my word of honor as an athlete that I have not used any strength inducing drugs (i.e. any anabolic steroid, natural hormone or synthetic growth hormone) as part of my training during the past thirty-six months, nor have I used prescription diuretics or psychomotor stimulants during the seven days prior to this meet.

Signature	
Print Your Name	Date