



2009 USA Powerlifting Arnold Sports Festival Competitions

March 5-7 2010
Columbus, OH

Please type or print clearly

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

USAPL Card#: _____ Expiration Date: _____

Date of Birth: _____ Male Female

Event(s): TITAN Pro BP Pro GNC DL Quest Invitational USAPL Raw Challenge

Weight Class: _____ Division(s): _____

Reserve Arnold Sports Festival T-shirts (\$15, size 4xl & 5xl \$18)

Quantity: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____ 4XL* _____ 5XL* _____

Entry/Doping Fee:

\$150, plus \$50 for each add'l event/division \$ _____ (add'l T-shirts) = \$ _____ TOTAL \$ _____

Participant's Emergency Contact Information

Name: _____ Relation: _____

Address: _____

City/State/Zip: _____ Phone: _____

SEND ENTRY/ENTRY FEE TO: USA POWERLIFTING / PO Box 668 / Columbia City, IN 46725
Telephone: (260) 248-4889 Fax: (260) 248-4879

Entry & Entry Fee Due Date: 30 November 2009

RELEASE FROM LIABILITY

ALL LIFTERS and MEET PARTICIPANTS, INCLUDING LOADERS AND SPOTTER, REFEREES, AND PLATFORM WORKERS, MUST SIGN THIS PRIOR TO WEIGH-IN OR THE COMMENCEMENT OF THE MEET, WHICHEVER IS APPLICABLE

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

In consideration of my participation in the 2010 USA Powerlifting Arnold Sports Festival Competition(s) 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), 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,

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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 Participant

Signature of Parent or Guardian if the Participant is under 18 years old

Print Your Name

Date

Print Your Name

Date

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

Athlete Locator Form

Athlete Locator Form Submitted (Initial) _____

Date: _____