

PHANTOM WARRIORS POWERLIFTING TEAM Presents:
USA POWERLIFTING
1ST ANNUAL PUSH/PULL FOR PINK BENCHPRESS/DEADLIFT CHAMPIONSHIPS
OCTOBER 20, 2018
SANCTION #TX-2018-27

MEET DIRECTOR: Johnny A. Graham, (254) 526-0779
CELL: (254) 338-5597

PLACE: **St. Paul Chong Hasang Parish Center**
2412 Stillhouse Lake Road (FM 3481) Harker Heights, TX 76548

TIME: **FRIDAY, 19 OCTOBER 2018**
Registration and Equipment Check 6:00-8:00 PM

SATURDAY, 20 OCTOBER 2018
Weigh-Ins/Equipment Check: 7:00-8:30AM
Lifting: 9:00 AM

*****TIME SCHEDULE SUBJECT TO CHANGE, DEPENDING ON ENTRIES.**

**IMPORTANT: ALL PROCEEDS FROM THIS EVENT, GOES TO
BREAST CANCER RESEARCH**

ENTRY FEE: \$70.00 PER LIFTER , \$40.00 Each Additional Division

MAKE CHECKS PAYABLE TO: PHANTOM WARRIORS POWERLIFTING/PINK
2203 EXCEL DRIVE
KILLEEN, TEXAS 76542

DEADLINE: SEPTEMBER 28, 2018. **ALL ENTRIES MUST BE POSTMARKED BY THIS DATE. LATE FEE \$100 “NO REFUNDS PERMITTED AFTER DEADLINE”**

AWARDS: 1ST-3rd EACH WT CLASS each Division. Outstanding lifter awards: Male/Female

DIVISIONS: **MEN and WOMEN; OPEN, JRS, TEEN, MASTERS, and RAW, and Equipped**

ELIGIBILITY: Open to all USA Powerlifting registered Lifters.
All lifters must be drug free for Thirty-six (36) months.

ADMISSIONS: \$10.00 A DAY. .
MAX OF TWO (2) COACHES PER TEAM ADMITTED FREE.
ALL COACHES MUST BE USA POWERLIFTIERS MEMBERS, TO BE IN WARMUP AREA!!

WEIGHT CLASSES KG: Women KGS 43 47 52 57 63 72 84 84+
Men KGS 53 59 66 74 83 93 105 120 120+

**FOR THE BEST IN POWERLIFTING GEAR CONTACT
TITAN SUPPORT SYSTEMS 361-991-6749**

ENTRY FORM

NAME: _____ DOB: _____ AGE: _____ SEX: _____

ADDRESS: _____
STREET / CITY / STATE / ZIP

PHONE: (____) _____ WEIGHT CLASS _____ DIVISION(S) _____

USAPL# _____ TEAM: _____ BEST TOTAL: _____

ADVANCE SHIRTS (\$15.00 ea.) *specify quantity and sizes* _____

In consideration of my entry, I intending to be legally bound, hereby, for myself, my executors, and administrators, waive and release the USAPL, St Paul Chong Hasang Parish Center, the Meet Director, their agents, representatives, committees, and members from any and all claims or Rights to damage from injuries or losses suffered by me directly or indirectly competing in or attending the 2018 USAPL PUSH/PULL FOR PINK BENCHPRESS/DEADLIFT CHAMPIONSHIPS.

I agree to abide by the USAPL rules governing this event.

SIGNATURE: _____ DATE: _____

RELEASE FROM LIABILITY AND CONSENT TO DRUG TEST **IMPORTANT: READ THIS RELEASE CAREFULLY, WHEN YOU SIGN IT YOU WILL BE GIVING UP IMPORTANT LEGAL RIGHTS.**

In consideration of the acceptance of my entry in this Powerlifting competition I intend to be legally bound, for not only myself but also for my heirs, my executors, and my administrators. I signing this release from liability I waive and release everyone connected with competition from any and all liability, including any results of negligence which may arise from this competition. Moreover 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 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 which may be necessary to complete drug testing. Should I fail to pass the drug test I agree to forfeit any trophy or award which I 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 determined that I have failed the drug test, I agree to waive any claim for which legal relief is available. I agree to pay any attorney fee and litigation expenses incurred by any person, real or corporate, whom I may sue in an effort to challenge this Release from Liability form. 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. If any provision of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, the remainder of this Release from Liability shall remain in full force and effect. I also certify with my signature that this release/agreement cannot be modified orally.

SIGNATURE IN FULL OF APPLICANT _____

Signature in full of parent, Coach, or guardian if the applicant is under 21 years old

Certification 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 (36) months, nor have I used prescription diuretics or psychomotor stimulants during the seven days prior to this meet.

SIGNATURE IN FULL OF APPLICANT _____