

2013 VIRGINIA STATE & CHRISTMAS CLASSIC BENCH PRESS-DEADLIFT-STRICT CURL SINGLE LIFT CHAMPIONSHIPS

Best Western Crossroads Inn 135 Crossroads Terrace Zion Crossroads, Virginia 22942 I 64 Exit 136 @Zion Crossroads A Sanction II Event

Meet Director: John Shifflett **Host City: Zion Crossroads**

Date: Saturday, December 7, 2013 Venue: Best Western Crossroads Inn 135 Wood Ridge Terrace Zion Crossroads, Va 22942

The hotel is located right off Exit 136 of I 64 in Zion Crossroads

(use 100% Raw Block)

http://www.bestwesternvirginia.com/hotels/best-western-crossroads

Time: Doors open – 7:00 a.m.

Weigh-in: Friday, Dec. 6, 6:00p.m - 7 pm . Saturday 7:00-8:00 am **Technical Meeting:** Saturday, December 7, 2013; 8:00 a.m.

Lifting: 9 a.m. Scales: Digital scale

Arrivals/Transportation: Ample parking is available. For best directions, please go to www.mapquest.com. IHOP restaurant located at the hotel.

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. New applicants should submit a completed membership form along with the event entry form prior to the event. All lifters are asked to produce photo identification and 100% Raw Powerlifting Federation membership cards prior to weigh-ins. If lifters are picking up their membership cards at the event, they should do so before weighing in.

Entry Fee: All fees should be paid by Nov 19, 2013. \$70 per individual lifter \$35 per Crossover Fee

NO LATE ENTRIES

Awards: Trophies for each place in each age and weight class AND Medals or Trophies for crossover. Crossovers are for age or to other lifts. Ex Powerlifting \$70 Crossover to Bench Press \$35, Correspondence (email preferred): Correspondence regarding 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 Even | Awards | | |
|---|-------------------------|----------------|-------------|--------------------------------------|--|
| Singlet is mandatory. Athletic shoes only | World & National Record | 1. Bench Press | 2. Deadlift | Given directly after the Strict Curl | |
| Tee-shirt (no profanity or XXX) Knee high socks for Deadlifts | attempts only. | 3. Strict Curl | | | |







VIRGINIA STATE & CHRISTMAS CLASSIC BENCH PRESS-DEADLIFT - STRICT CURL CHAMPIONSHIPS

Saturday, December 7, 2013–9:00 AM BEST WESTERN CROSSROADS INN

135 Wood Ridge Terrace Zion Crossroads, VA 22942 1-540-832-1700 Meet Director: John Shifflett 434-985-3932 / Valifting@aol.com

PLEASE PRINT:

| NAME: | | | | | | | | DA | TE OF | BIRTH: | / | / A | GE:\$ | SEX: M | | | | | |
|---|---------------------------------|-----------------|--------|-------------|---------------|---|---------------|-----------------------|--|---------|---------|---|-------|--------|--------|-----|-----|--|--|
| ADDRESS: | | | | | | | - | | | CITY: _ | | | ST/ | ATE: | ZIP: _ | | - | | |
| DAY PHONE: NIGHT PHONE: _ | | | | | | | E | EMAIL: | | | | | | | | | | | |
| BODY WEI | BODY WEIGHT:Ib RAW CARD NUMBE | | | | | IUMBE | R:EXPIRATION: | | | | | | | | | | | | |
| VIRGINIA STATE | | | | | | CHRISTMAS CLASSIC | | | | | | | | | | | | | |
| (Virginia res | | | | | | | | | | (OPEN | I TO AL | TO ALL LIFTERS FROM ANY STATE) | | | | | | | |
| CIRCLE W | | | | ı | | | ı | | | 1 | | | T | 1 | | | | | |
| WOMEN | 66 | 77 | 88 | 97 | 105 | 114 | 123 | 132 | 148 | 165 | 181 | 198 | 198+ | | | | | | |
| MEN | 66 | 77 | 88 | 97 | 105 | 114 | 123 | 132 | 148 | 165 | 181 | 198 | 220 | 242 | 275 | 308 | SHW | | |
| | | | | | | | | | | | | | _ | | | | | | |
| DIVISIONS (CHECK AS MANY AS YOU WANT TO ENTER): Each Division has all weight classes. | | | | | | | | | | | | | | | | | | | |
| YOUTH 11 & UNDER: ☐ TEEN: 12-13 ☐ 14-15 | | | | | | | 17 🔲 | 18-19 | | | : 20-24 | | | | | | | | |
| | | | | |)-54 🗌 | | 59 🗆 | 60-64 | <u> </u> | 65-69 |] 7 | 0-74 | 75- | 79 🗌 | | | | | |
| 80-84 🔲 (| | • | | | | | | RE / MIL | | | | | | | | | | | |
| 25-29 and | 30-34 | must | t ente | r the (| Open to | crosso | over to | the age | class. | | 1 | | | | | | | | |
| ☐ Bench Press | | | | | | \$70 | | | ALL ENTRIES ARE DUE IN BY Nov. 19, 2013 | | | | | | | | | | |
| ☐ DEADLIFT | | | | | \$70 | | | | | | | | | | | | | | |
| ☐ STRICT CURL | | | | | | \$70 | | | | | | | | | | | | | |
| | | | | | | MAKE PAYMENT AND MAIL TO: John Shifflett | | | | | | | | | | | | | |
| CROSSOVERS: # OF CROSSOVERS X | | | | | | | | | | | | | | | | | | | |
| OROGOVERO. # OF OROGOVEROX | | | | #0 5 | | | | 186 Happy Hollow Road | | | | | | | | | | | |
| | | | \$35 = | | | Ruckersville, VA 22968 | | | | | | | | | | | | | |
| TOTAL AMOUNT ENCLOSED: | | | | | \$ | | | | | | | | | | | | | | |
| Weigh-Ins Best West 135 Wood Zion Cros Friday, 6-7 p.m | ern C Ridge sroad 12/6 | e Terr s, VA | ace | | Saturday weig | | | | gh in 7 am-8 | | | Rules Meeting: Technical Meeting, 8:00 am Lifting Starts: 9:00 am | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | |

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, 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, William Thacker, Best Western Crossroads Inn, 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, LOSES, 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

Printed name of participant: _

Participant's signature (only if age 18 or over):

Street

Parent/guardian signature (only if participant is under the age of 18): ______

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 five years (December 7, 2008 to December 7, 2013)

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 John Shifflett, William Thacker, Best Western Crossroads Inn, and all parties associated with the "2013 100% RAW Inc, Virginia State and Christmas Classic" as a result of testing positive for the utilization of strength-inducing chemicals.

My entry into the "2013 100% RAW Virginia State & Christmas Classic" 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.

Phone: ___

Zip Code

State

Date:

Date:

| 1 0 () 0 / . | | |
|---------------------------------------|-----------------------------------|--|
| | Minor's RELEASE | |
| AND I, THE MINOR'S PARENT AND/OR LEGA | AL GUARDIAN, UNDERSTAND THE NAT | URE OF ATHLETIC ACTIVITIES AND THE MINOR'S |
| EXPERIENCE AND CAPABILITIES AND BEI | LIEVE THE MINOR TO BE QUALIFIED, | IN GOOD HEALTH, AND IN PROPER PHYSICAL |
| CONDITION TO PARTICIPATE IN SUCH AC | CTIVITY. I HEREBY RELEASE, DISCHA | RGE, COVENANT NOT TO SUE, AND AGREE TO |
| NDEMNIFY AND SAVE AND HOLD HARMLE | ESS EACH OF THE RELEASEE'S FROM | ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR |
| DAMAGES ON THE MINOR'S ACCOUNT CAL | USED OR ALLEGED TO BE CAUSED IN V | VHOLE OR IN PART BY THE NEGLIGENCE OF THE |
| RELEASEES" OR OTHERWISE, INCLUDING | G NEGLIGENT RESCUE OPERATIONS | AND FURTHER AGREE THAT IF, DESPITE THIS |
| RELEASE. I THE MINOR OR ANYONE ON T | HE MINOR'S BEHALF MAKES A CLAIM A | AGAINST ANY OF THE RELEASEES NAME ABOVE, |
| WILL INDEMNIFY, SAVE, AND HOLD HARM | ILESS EACH OF THE RELEASEES FROI | M ANY LITIGATION EXPENSES, ATTORNEY FEES, |
| LOSS LIABILITY, DAMAGE, OR COST ANY M | MAY INCUR AS THE RESULT OF ANY SU | CH CLAIM. |
| | | |
| Printed name of parent or Guardian: | | Phone: |
| | | |
| Address. | | |

City