

South Dakota State Powerlifting & Bench Press Championships

Sioux Falls, SD

Sponsored By:



ENTRY FORM

NAME: _____
 ADDRESS: _____ CITY _____ STATE _____ ZIP _____
 PHONE#: _____ E-MAIL: _____ DATE OF BIRTH: _____ AGE: _____
(Day of meet)
 BEST LIFTS: SQUAT _____ BENCH _____ DEADLIFT _____ USAPL# if applicable _____
 TEAM NAME: _____ WEIGHT CLASS: _____

DIVISION & CONTESTS ENTERED:

Open Powerlifting	<input type="checkbox"/>	Open Bench	<input type="checkbox"/>
Teen Powerlifting	<input type="checkbox"/>	Teen Bench	<input type="checkbox"/>
Male Master Powerlifting	<input type="checkbox"/>	Male Master Bench	<input type="checkbox"/>
Women Powerlifting	<input type="checkbox"/>	Women Bench	<input type="checkbox"/>

Previous Titles/Records:

 Team

T-Shirts Available:

\$12 pre-ordered • \$14 day of meet • Add \$2 for XXL & XXXL.

Write # of each next to size. Send money with entry form. Shirt size availability based on entry time.

S _____ M _____ Large _____ XL _____ XXL _____ XXXL _____

Amount Enclosed

\$40/per entry fee _____ +

(T-shirt cost \$12 x _____ T-shirt(s)) = _____ Grand Total

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 drug tests 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 it is determined that I have failed the drug test, I agree to waive any claim for which legal relief is available. If it is 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 form liability shall be deemed by a court of competent jurisdiction to be invalid, the remainder of this Release of 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
 years old.*

Signature in full of parent or guardian if the applicant is under 18

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

Signature in full of applicant

South Dakota State Powerlifting & Bench Press Championships

Sioux Falls, SD

Sponsored By:



- When:** Saturday, February 27, 2010
- Where:** Sanford POWER Center
6320 S. Cliff Ave, Sioux Falls, SD 57108
(605) 328-1660
- Hotel:** SUPER 8
(605) 338-8881
Mention SD Powerlifting Championship for discounted pricing.
- Eligibility:** All entrants must be USA Powerlifting registered for 2010. USAPL cards may be purchased day of contest for \$45. Lifters currently enrolled in high school may purchase card for \$30. Teams must be USAPL registered. A team registration card costs \$30 and may be purchased day of meet. Cards purchased at meet will be good through 2010. **Drug Testing will take place. This meet is open to SD lifters who have been drug free minimum of three years prior to meet.**
- Rules:** Rules will be those of USA Powerlifting. One piece lifting singlet required. No thumbless or reverse grip on Bench Press. IPF rules will apply for equipment. For more detailed information on USAPL rules, contact meet director.
- Entry Fees:** \$40 each division entered • \$40 per team. Up to 10 lifters per team, with no more than two lifters in the same weight class.
- Championship Schedule:** Friday, February 26, 6 p.m. (early equipment check only)
- Weigh-In and Equipment Check:** Saturday, February 27, 7 – 8:30 a.m. (weigh in and equipment check)
– **Lifters, help this meet start on time. Late weigh-ins will not be allowed.**
- Annual State Meeting:** 7 p.m. Friday
- Lifter's Meeting:** 8:30 a.m. Saturday
- Lifting Begins:** 9:30 a.m. Saturday
- Divisions:** Open, Teen, Masters (40+), Women's, Masters Women (40+)
- Contest:** Powerlifting (Squat, Bench Press, Deadlift), Bench Press Only
- Weight Classes:** 105.75, 114.5, 123.5, 132.25, 148.75, 165.25, 181.75, 198.25, 220.25, 242.5, 275.5, 275.5+
Proof of Age Required: Teen 14-15, 16-17, 18-19 place by formula
Proof of Age Required: Masters 40+ Age groups of 40-49, 50-59, 60+ by age/weight formula. Women's place by formula.
- Awards:** **Trophies:** Men's Open: 1st - 3rd place in each weight class
Teen: 1st - 5th by formula in each age group
Master's: by age/weight formula 1st - 5th
Women: placing by formula 1st - 3rd awards
Two All-Around Trophies • One Team Trophy
- Meet Director:** Jeff Blindauer (605) 201-2411 fax (605) 328-1661
- Spectator Admission:** \$5/person • Children under 12 free when accompanied by an adult
- Entry Deadline:** Entry Fees must be postmarked by **February 8, 2010**. Entries postmarked after deadline must pay **\$20 late fee**. No entries accepted after **February 11**. Team entries will be accepted the day of the meet. **ONLY THE FIRST 50 LIFTERS WILL BE ACCEPTED.**
- Team Rosters:** **Must be submitted at the beginning of weigh-ins.**
- Make Checks Payable to:** SD Powerlifting, 5912 W. 56th St., Sioux Falls, SD 57106 • (605) 201-2411