



2010 Deadlift/Push-Pull Nationals

October 16, 2010

WHEN

October 16, 2010
Weigh in begins at 8am
Lifting Starts at 10am

WHERE

Rocky Mountain Lifting Club
1600 S. Abilene St.
Aurora, CO 80012

WHO

Lifters must be current USAPL members. Membership applications and renewals will be available at the meet.

AWARDS

Awards will be given to lifters that place 1st -3rd in their weight class.

RULES

USAPL rules will be followed and can be obtained by your meet director, state chair, or the USAPL national office. You must wear a one-piece lifting-suit for all lifts. **Drug testing will be conducted**, be sure to take responsibility for what goes into your body. Resources available to the lifter include the USOC Drug testing Hotline at 1-800-233-0393. There are many supplements/drugs that are legal to buy, but are **not** legal to take if you compete in USAPL competitions, including Andro and like substances.

ENTRY FEE

Entries must be postmarked no later than
October 1, 2010
\$65.00 Deadlift Only
\$90.00 Iron Man – Bench Press and Deadlift

MEET T-SHIRT

Official, commemorative T-Shirts are available for sale. Pre-ordering is recommended since a limited number will be available for purchase at the meet.
\$12 Sizes S,M,L
\$15 Sizes XL, 2XL, 3XL

SPECTATORS

Adults \$10
12 and under Free

HOTEL

Holiday Inn Express
1500 S. Abilene Street
Aurora, CO 80012
(877) 410-6687

WEBSITE

For more information visit: www.RMLCcolorado.com or call 303-337-4613.

ENTRIES MUST BE POSTMARKED BY October 1, 2010

Make check or money order payable to: Dan Gaudreau

Mail entry form and payment to:

Rocky Mountain Lifting Club 1600 S. Abilene St. Unit D. Aurora, CO 80012

DRUG FREE 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 of Athlete

Date

RELEASE OF CLAIMS AND LIABILITY

In consideration of my participation in the USAPL Deadlift and Push/Pull National Championships 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, 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 Athlete

Date

FOR PARTICIPANTS UNDER AGE 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

(Parent/Guardian Signature)

Date

(Emergency Phone Number)

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(Please Print)

First Name: _____

Last Name: _____

Age: _____ Birth Date: _____ M/F: _____

Address: _____

City: _____

State: _____ Zip: _____ Wt. Class: _____

Telephone #: _____

Email: _____

Circle Division(s) Entered

Teen JR Open Master

Equipped Raw

\$ _____ \$65.00 Deadlift Only
\$ _____ \$90.00 Push-Pull (this includes entry in Deadlift only division also)
\$ _____ \$25.00 Each Additional Division (age divisions: i.e. Open & Masters)

\$ _____ \$12.00 S, M, L T-Shirts Size Requested _____

\$ _____ \$15.00 XL, 2XL, 3XL T-Shirts Size Requested _____

\$ _____ Total Enclosed Visa MC AmEx Card# _____ Exp Date _____

(Please Circle One)