



# American Challenge

## Pennsylvania

HILTON GARDEN INN  
530 Pennsylvania Ave.  
Fort Washington, PA 19034  
215-646-4637

### Time Schedule

#### Friday June 19, 2015:

4:00 to 5:00 PM: Weigh-ins for all Strict Curl. 6:00 PM: Strict Curl competition.  
5:00 to 6:30 PM: Early weigh-ins for all Women lifters and Men, up to 181 lb Classes.

#### Saturday June 20, 2015:

7:00 to 8:30 AM: Regular weigh-ins for all Women lifters and Men, up to 148 lb Classes.  
8:30 AM: Mandatory rules clinic for all AM lifters.  
9:00 AM: Competition begins for all Women lifters and all LW Men lifters up to 148 lb Classes.  
12:00 to 1:30 PM: Regular weigh-ins for all Men 165 lb and 181 lb Classes.  
1:30 PM: Mandatory rules clinic for all PM lifters.  
2:00 PM: Competition begins for all Men 165 lb and 181 lb Classes.  
5:30 to 6:30 PM: Early weigh-in for Men 198 lb up to SHW Classes.

#### Sunday June 21, 2015:

7:00 to 8:30 AM: Regular weigh-ins for Men 198 lb and 220 lb Classes.  
8:30 AM: Mandatory rules clinic for all AM lifters.  
9:00 AM: Competition begins for Men 198 lb and 220 lb Classes.  
12:00 to 1:30 PM: Regular weigh-ins for all Men 242 lb and SHW Classes.  
1:30 PM: Mandatory rules clinic for all PM lifters.  
2:00 PM: Competition begins for 242 lb class up to SHW Classes.

#### Entry Fees: Powerlifting (full) meet:

\$70.00 for the Open or Age Group; \$125.00 for competitors in both Open and Age Group

#### Single Lift Championships:

\$50.00 for each event in Open or Age group

\$ 5.00 admission per day.

All age and weight classes listed below.

#### FEES ARE NOT REFUNDABLE AND WILL NOT BE ACCEPTED AFTER 6 PM on June 5, 2015.

**Awards: Top 3 places in all classes, in all divisions. In addition: Outstanding Lifter for Women; Outstanding lifter for LW Men and Outstanding lifter for HW Men.**

**Men:** 114, 123, 132, 148, 165, 181, 198, 220, 242, 275, 308, SHW + **Youth 55, 66, 77, 88, 97, 105**

**Women:** 97, 105, 114, 123, 132, 148, 165, 181, 198, SHW + **Youth 55, 66, 77, 88**

**Youth:** **5 & under, 6-7, 8-9, 10-11, 12-13, Teen:** 14-15, 16-17, 18-19, **Junior:** 20-24, **Submasters:** 35-39, **Masters:** 40-44, 45-49, 50-54, 55-59 etc. \* **Classes in red can contest State records only**

#### Note the rules , a few of which have changed. They include:

1. Non-supportive Singlets must be worn by all lifters .
2. Wrist wraps (24" max) and a 4" wide leather belt are allowed.
3. Membership cards will be sold at the Meet.
4. DRUG-FREE period is currently 24 months.
6. Knee high socks must be worn in the Deadlift.
7. World, American & State Records can be set at this meet.

*Sign and return pages 2 and 3 of this application*

Mail application to: **Joe Braca, 629 Argyle Avenue, Ambler, Pa. 19002**

MAKE CHECK PAYABLE TO: **Joe Braca**

Contact: [joe.braca@yahoo.com](mailto:joe.braca@yahoo.com)

**2015 American Challenge**
  
**Pennsylvania**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Weight Class: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please enter me in:

**Powerlifting** (Check appropriate box):    **Single Lift** (Check appropriate box):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Open                   = \$ 70.00  | <input type="checkbox"/> Squat - Open \$50.00    | <input type="checkbox"/> Age Group \$50.00 |
| <input type="checkbox"/> Age Group               = \$ 70.00 | <input type="checkbox"/> Bench - Open \$50.00    | <input type="checkbox"/> Age Group \$50.00 |
| <input type="checkbox"/> Open & Age Group = \$125.00        | <input type="checkbox"/> Deadlift - Open \$50.00 | <input type="checkbox"/> Age Group \$50.00 |
|   | <input type="checkbox"/> Curl - Open \$50.00     | <input type="checkbox"/> Age Group \$50.00 |

**\$ Total Due =** \_\_\_\_\_                   
 **\$ Total Due =** \_\_\_\_\_                   
 **\$ Total Due =** \_\_\_\_\_

**100% RAW BANNED SUBSTANCE LIST**

The intent of this list is to inform athletes of substances which are not allowed by 100% Raw. Please note that this list is NOT all inclusive and it is ultimately the athlete's responsibility to know what he or she is taking. The athlete is also responsible for his or her testosterone / epi-testosterone (T/E) ratio. DO NOT use any substance before checking with your physician, National Governing Body (NGB) or the USOC Drug Reference Line at 1-800-233-0393. When in doubt, call and ask.

**ANTI-DIARRHEAL:** Paregoric

**ANTI-INFLAMMATORY / PAIN RELIEF:** Darvon Darvocet Demerol Hydrocodone Percodan Percocet Vicodin Tylox

**ASHTHMA:** Alupent Bitolterol Clenbuterol Maxair Metaprel Metaproterenol Orciprenaline Rimiterol Tomalete

**ANABOLIC STEROIDS:** Androstendione Androdiol Bolasterone Boldenone Chlorphentermine Clostebol Fluoxymesteron Methanedione Methandrostenolone Methenolone 19-Norandrostendione Norethandrolone Oxandrolone Oxymesterone Oxymetholone Stanozolol Testosterone Nandrolone .....and all other related compounds

**COLD MEDICATIONS:** The majority of cold medications contain banned drugs! READ the labels and ask before taking any cold medication.

**PSYCHOMOTOR STIMULANTS:** Amphetamine Benzphetamine Cathine Chlorphentermine Clortermine Cocaine Dextroamphetamine Diethylpropion Ephedrine Ethyl Amphetamine Fencamfamine Meciofenoxate Methamphetamine Methylphenidate Norpseudoephedrine Pemoline Phendimetrazine Phentermine Phenylpropanolamine Pipradol Prolintane .....and all other related compounds

**GROWTH HORMONES:**

I have carefully read all of the above and I fully understand and agree with all of its contents. In acknowledgement thereof, I affix my signature.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

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, and 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, Paul Bossi, Joe Braca, Tony Braca, or any 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 the 100% RAW, (each considered one of the "RELEASEES" herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, 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 Releasee'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**

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 three years.

**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 also understand that 100% RAW Powerlifting Federation, Inc. reserves the right to publish drug-testing results (passes and failures).**

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 **FORT WASHINGTON HILTON**, and all parties associated with this "**AMERICAN CHALLENGE PENNSYLVANIA**" event as a result of testing positive for the utilization of strength-inducing chemicals. Should I fail the drug test, I agree to forfeit my award that I may have won. I agree that if I fail the drug test my name will appear on a published list of suspended members. If the drug test to which I submit is positive, then I waive any claim, action or cause for which legal relief is available.

**My entry into the "AMERICAN CHALLENGE PENNSYLVANIA" event constitutes my consent to the testing procedures; and, if any such results test positive, I understand that I shall be disqualified from 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.

Printed name of participant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Minor's RELEASE**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE. I THE MINOR OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAME ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed name of parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/guardian signature (if participant is under the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_

## Directions to the meet site

For best results: go to [www.mapquest.com](http://www.mapquest.com)

The Fort Washington Hilton Garden Inn is on Pennsylvania Avenue

Straight off exit 339 of the PA Turnpike (Fort Washington)

530 Pennsylvania Avenue, Fort Washington, PA 19034

## *Hotel Information*

**DO NOT CALL HOTEL FOR MEET INFORMATION**

**Phone** (215) 646-4637

**On Line** - Your Group Name: 100% RAW National Championship

[http://hiltongardeninn.hilton.com/en/gi/groups/personalized/P/PHLFWGI-RAW15-20150618/index.jhtml?WT.mc\\_id=POG](http://hiltongardeninn.hilton.com/en/gi/groups/personalized/P/PHLFWGI-RAW15-20150618/index.jhtml?WT.mc_id=POG)

ROOM TYPE	RATE	6/19/2015	6/20/2015
	\$124	Friday	Saturday

**ALL ROOM RATES ARE SUBJECT TO LOCAL TAX AND OCCUPANCY TAXES**

### **RESERVATIONS:**

**Method:** Guest will call the hotel for reservations

### **GUARANTEE & BILLING:**

**Guarantee Method:** A credit card or advance deposit is required to guarantee reservations

**Payment/Billing:** Individuals to pay on own all charges.

**Parking:** Free parking

### **CANCELLATION POLICY:**

All individual reservations must be cancelled by 6:00 PM on the date of arrival to avoid penalty

### **OTHER HOTELS in area**

<http://local.yahoo.com/PA/Fort-Washington/Travel+lodging/Hotels+Lodging/Hotels+Motels>

For more information contact: Joe Braca, 629 Argyle Ave. Ambler, Pa. 19002

Phone: (215) 353-3369

E-mail: [joe.braca@yahoo.com](mailto:joe.braca@yahoo.com) or [undergroundgym\\_pa@yahoo.com](mailto:undergroundgym_pa@yahoo.com)