



ADAU

## 2015 New York / Ontario Cup

MANLIUS Y.M.C.A.  
140 West Seneca St.  
Manlius, NY 13104

**Time:** Saturday March 21, doors will open at 8am,

**Weigh-in:** Friday, March 20, 5-6:30 PM or Saturday 6 - 7:30 AM

**Technical Meeting:** 8:15 AM on Saturday. Lifting Starts PROMPTLY at 9:00 AM.

**Full Power will be LIMITED to the first 45 lifters**

**The Bench Press will be limited to 15 Lifters. (Not including crossovers from Full Power)**

**Federation Membership Fee:** Current federation membership in 100% RAW is required. Lifters can purchase one during event registration. Membership fee will be \$30 for adults, and \$15 for athletes 19 & Under and Special Olympians. Membership cards are good for all 100% RAW sanctioned events for one year from date of purchase.

**Drug-Testing:** A minimum of 10% of the event's competitors will be drug-tested. It is important that all athletes take responsibility for what they put into their body. For help/info contact the USOC hotline at 1-800-233-0393 or www.wada.com.

**Entry Fee:** Powerlifting (all divisions): \$65, Bench Press Only (all divisions) \$50: , Crossover: \$35

**All entry fees are due by Friday, March 13<sup>th</sup>**

**Awards:** Custom event awards. Best lifter awards for Powerlifting & Bench Press (Men & Women)

**T-Shirts:** Event t-shirts may be preordered (S- XXXL: \$15). A limited quantity will also be available at the event.

**Contact Information:** Jackson Lee , Brobasteam@aol.com

### Attire

-Singlet is mandatory

-Knee-high socks required in the Deadlift.

### 4<sup>th</sup> Attempt

**National or World Record Attempts Only**

### Order of Events

- |                |           |
|----------------|-----------|
| 1. Weigh-Ins   | 2. Rules  |
| 3. Competition | 4. Awards |

**The Full Power event will be limited to the first 45 lifters**

**The Bench Press will be limited to 15 Lifters. (Not including crossovers from Full Power)**



[www.rawpowerlifting.com](http://www.rawpowerlifting.com)

Presents:

## 2015 New York / Ontario Cup

Saturday March 21, 2015

**Manlius Y.M.C.A.**

140 West Seneca St.  
Manlius, NY 13104

Meet Director: Jackson Lee / [Brobasteam@aol.com](mailto:Brobasteam@aol.com)

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_ SEX: M  F   
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 DAY PHONE: \_\_\_\_\_ NIGHT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 BODY WEIGHT: \_\_\_\_\_ kg RAW CARD NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

**CIRCLE WEIGHT CLASS (kg):**

<b>WOMEN</b>	44	48	52	56	60	67.5	75	82	90	90+				
<b>MEN</b>	48	52	56	60	67.5	75	82	90	100	110	125	140	SHW	

**DIVISIONS (CHECK AS MANY AS YOU WANT TO ENTER): Each Division has all weight classes.**

YOUTH 11 & UNDER:  TEEN: 12-13  14-15  16-17  18-19  JUNIOR: 20-24   
 MASTERS: 40-44  45-49  50-54  55-59  60-64  65-69  70-74  75-79  80-84   
 OPEN: (25-34 & ALL AGES)  LAW / FIRE / MILITARY:   SUB MASTERS: 35-39   
 T-SHIRT: S  x \_\_\_\_\_ M  x \_\_\_\_\_ L  x \_\_\_\_\_ XL  x \_\_\_\_\_ 2XL  x \_\_\_\_\_ 3XL  x \_\_\_\_\_

Event t-shirts are only \$15 each when ordered along with registration. You can order as many as you like.

<input type="checkbox"/> Powerlifting	\$65
<input type="checkbox"/> Bench Press	\$50
<input type="checkbox"/> Crossovers Powerlifting	\$35
<input type="checkbox"/> Crossovers Bench Press	\$35
<input type="checkbox"/> Team Fee (ROSTER OF 10) (4 foot trophy)	\$75
T-Shirt(s) x _____	\$15 = _____
TOTAL AMOUNT ENCLOSED:	\$ _____

**ALL ENTRIES ARE DUE BY  
March 13, 2015**

**Send Payment to:**  
**Jackson Lee**  
**508 Warwick Circle**  
**Fairless Hills, Pa. 19030**

**Rules:** 100% RAW rules can be found online or by requesting from our main office. Drug testing will be conducted so be sure to take responsibility for what you put into your body. For help/info contact the USOC hotline at 1-800-233-0393 or [www.wada.com](http://www.wada.com).

**Weigh-Ins:**  
**Manlius Y.M.C.A.**

Friday 3/20/15 (5-6:30 pm) for all lifters

Saturday 3/21/15 (6-7:30 am) for all lifters

**Technical Meeting:**

**Saturday March 21 8:15am**

**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, Inc., Jackson Lee, Manlius Y.M.C.A. SSP Nutrition** or 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 FEDERATION, INC., (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 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**

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 (March 21, 2012 - March 21, 2015)

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 100% RAW Powerlifting Federation, Inc. Jackson Lee, Manlius Y.M.C.A. and all parties associated with the 2015- 100% NEW YORK / ONTARIO CUP 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 2015 - 100% RAW NEW YORK / ONTARIO CUP 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 lifetime by the federation.

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 Release'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 "Releases" 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 Releases' Name Above, I Will Indemnify, Save, And Hold Harmless Each Of The Releases' From Any Litigation Expenses, Attorney Fees, Loss Liability, Damage, Or Cost Any May Incur As The Result Of Any Such Claim. I fully authorize my child to be tested for Steroids will during this competition to comply with the WADA drug free guidelines.

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

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

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