



2010 VIRGINIA STATE SINGLE LIFTS BENCH PRESS/DEADLIFT/STRICT CURL CHAMPIONSHIPS

Stanardsville Health and Fitness
72 Lambs Lane
Stanardsville, Virginia 22973
A Sanction II Event

Meet Director: John Shifflett

Host City: Stanardsville, VA

Date: Saturday, October 9, 2010

Venue: Stanardsville Health and Fitness 72 Lambs Lane Stanardsville, Virginia 22973

Hotel: Best Western Airport 5920 Seminole Trail Ruckersville, VA 22968 (434) 985-1855

Time: Doors open – 7:30 a.m.

Weigh-in: Friday, October 8, 6:00p.m til 7:00 p.m. Saturday 7:30 am til 8:30 a.m.

Technical Meeting: Saturday, October 9, 2010; 8:45 a.m.

Scales: Digital scale

Arrivals/Transportation: Ample parking is available in the front lot. For best directions, please go to www.mapquest.com. Stanardsville Health and Fitness 72 Lambs Lane Stanardsville, VA 22973

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 September 25, 2010. \$65 per individual lifter for Bench Press/Deadlift/Strict Curl \$35 per Crossover to other lifts or divisions.

Awards: Trophies for each place in each weight class for Bench Press/Deadlift/Strict Curl. Trophies or Medals for Crossovers in each age or weight class or division.

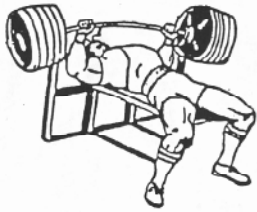
Correspondence (email preferred): Correspondence regarding 100% Raw Powerlifting Federation Virginia events should be sent to the valifting@aol.com or US mail to John Shifflett 186 Happy Hollow Road Ruckersville, Va 22968.

Attire	4 th Lift	Order of Events		Awards
Singlet is mandatory. Athletic shoes only Tee-shirt (no profanity or XXX)	National Record attempts only.	1. Bench Press	2. Dead lift	Given directly after the curls.
		3. Strict Curl		

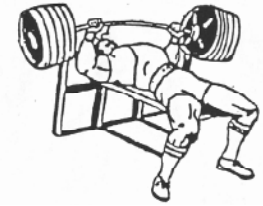
Paul Bossi
President

100% Raw Powerlifting Federation
John Shifflett 186 Happy Hollow Road Ruckersville, VA 22968 434-985-3932

valifting@aol.com



Powerlifting Federation
www.rawpowerlifting.com



2010 VIRGINIA STATE BENCH PRESS/DEADLIFT/STRICT CURL

Saturday, October 9, 2010 – 9:30 AM
Stanardsville Health and Fitness

72 Lambs Lane Stanardsville, VA 22973

Meet Director: John Shifflett 434-985-3932 / Valifting@aol.com

PLEASE PRINT:

NAME: _____ DATE OF BIRTH: ___/___/___ AGE: ___ SEX: M F

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

DAY PHONE: _____ NIGHT PHONE: _____ EMAIL: _____

BODY WEIGHT: _____ lb **RAW CARD NUMBER:** _____ EXPIRATION: _____

MEMBER OF WHAT GYM / FITNESS CENTER / YMCA OR OTHER:

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

CIRCLE WEIGHT CLASS:																	
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: <input type="checkbox"/>	TEEN: 12-13 <input type="checkbox"/>	14-15 <input type="checkbox"/>	16-17 <input type="checkbox"/>	18-19 <input type="checkbox"/>	JUNIOR: 20-24 <input type="checkbox"/>	25-29 <input type="checkbox"/>	30-34 <input type="checkbox"/>
MASTERS: 40-44 <input type="checkbox"/>	45-49 <input type="checkbox"/>	50-54 <input type="checkbox"/>	55-59 <input type="checkbox"/>	60-64 <input type="checkbox"/>	65-69 <input type="checkbox"/>	70-74 <input type="checkbox"/>	75-79 <input type="checkbox"/>
80-84 <input type="checkbox"/>	OPEN: (ALL AGES)	LAW / FIRE / MILITARY: <input type="checkbox"/>			SUB MASTERS: 35-39 <input type="checkbox"/>		

AFTER First Entry is paid all other lifts or divisions pay only the crossover fee. Exsample BP/SC \$65+\$35 =\$100

<input type="checkbox"/> Bench Press Only	\$65
<input type="checkbox"/> Deadlift Only	\$65
<input type="checkbox"/> Strict Curl	\$ 65
<input type="checkbox"/> Youth & Teen (Medal Class)	\$30
CROSSOVERS: # OF CROSSOVERS _____ X	\$35 = _____
TOTAL AMOUNT ENCLOSED:	\$ _____

ALL ENTRIES ARE DUE BY
September 25, 2010

MAKE PAYMENT TO:
John Shifflett
186 Happy Hollow Road
Ruckersville, VA 22968

<p>Weigh-Ins: Stanardsville Health /Fitness 72 Lambs Lane Stanardsville, VA 22973 Friday, 10/8/10 6-7 pm Saturday, 10/9 7:30 am</p>	<p>Rules Meeting: Technical Meeting, 8:45 am Lifting Starts: 9:30 am</p>
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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, John Shifflett, William Thacker, Stanardsville Health and Fitness, 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, 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 five years (October 9, 2005 to October 9, 2010)

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 Stanardsville Health andFitness, and all parties associated with the **"2010 100% RAW ,Virginia State Championships** as a result of testing positive for the utilization of strength-inducing chemicals.

My entry into the "2010 100% RAW Virginia State Championships 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.

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: _____
Street City State Zip Code

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