



Ultimate IPA Powerlifting

April 26, 2014

Please fill out the form completely and click submit (save and attach to email, send to kevin@uagym.com) or print and mail entry to:

James Howell
244 Piper Road
Newfield, NY 14867

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Occupation: _____ Team: _____

Sponsors: _____

Date of Birth: MM/DD/YYYY Age at time of competition: _____

Weight Class: _____ IPA Expiration Date: _____

IPA Card Number: _____

<input type="checkbox"/> FULL POWER	<input type="checkbox"/> MALE	<input type="checkbox"/> AMATEUR	<input type="checkbox"/> RAW
<input type="checkbox"/> BENCH ONLY	<input type="checkbox"/> FEMALE	<input type="checkbox"/> PROFESSIONAL	
<input type="checkbox"/> IRONMAN	<input type="checkbox"/> ELITE AM	<input type="checkbox"/> EQUIPPED	

<input type="checkbox"/> Open Men's	<input type="checkbox"/> Teen (age)	<input type="checkbox"/> Junior	<input type="checkbox"/> Submaster
<input type="checkbox"/> Open Women	<input type="checkbox"/> Master (age)	<input type="checkbox"/> Police	

Registration Fees

\$99/Single Division

\$55/Double Division (\$154 total)

NOTE: Registration will be closed after the first 100 paid participants.

To officially register, select registration payment:

Pay for single division \$99

Pay for double divisions \$154

Register your team for an additional \$100

Fill out both pages of this form and click submit or save and e-mail to kevin@uagym.com.

TOTAL DUE/PAID: \$ _____

No spectator fees will be charged!

(For office use only) Paid: ☐ Cash \$ _____ ☐ Check # _____



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IPA Ultimate Powerlifting Challenge RELEASE AND WAIVER (please read before signing):

I, (print name) _____ the undersigned, hereby waive and release all rights and claims for damages that I may have against Ryan Ciotoli, ULTIMATE ATHLETICS, and all other persons associated with this event, including the Meet Director, James Howell, and the International Powerlifting Association and their respective officers, directors, employees, agents, and shareholders in any capacity from any and all liability due to injuries I may incur as a result of my attendance and/or participation at the April 26, 2014, IPA Ultimate Powerlifting Challenge. I understand the rules of the meet and will abide by them. I assume full responsibility for all of my actions during and connected to this meet. I attest and verify that I have full knowledge of the risks involved in my competing in powerlifting, that it could cause injury, and hereby release the meet organizers, the IPA, and the facility, from any type of injury or loss I may sustain as a result of competing in this meet. I attest to the best of my knowledge, I am physically fit and able to participate in this event. I also understand that my attendance and/or performance at the meet may be photographed and this, as well as my meet results, may be submitted to Powerlifting USA with the overall meet results. My signature below indicates I have read, understand and completely agree with the contents of this waiver.

I fully understand that if I enter the Am (drug tested) divisions, I may be selected to take a urinalysis test. If this test is found positive for anabolic steroids I (the signed applicant) will pay for the cost of this test. If the test is found to be negative, the Meet Director will pay for the test. By signing this release from liability, I irrevocably waive all rights, claims, demands, lawsuits and causes of action against everyone connected with this contest with regard to the result of any drug test. I have read the above release, understand its meaning and consequences, and intend to be legally bound by its terms and have signed this release freely and voluntarily.

Signature: _____ Date: MM/DD/YYYY

Parent signature (if under 18 years old): _____
BY TYPING YOUR NAME ON THIS LINE, YOU ARE ACCEPTING THE ABOVE STATEMENT
Date: MM/DD/YYYY

For updates on the meet go to www.IPAPower.com
To check out the facility go to: www.UAGym.com

