

2014 WEST MICHIGAN BENCH PRESS & PUSH PULL WINTER SMASH

Hosted by
PERFORMANCE EDGE

Name: _____ Age: _____ DOB: _____

Address: _____ Gender: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email Address: _____

APF Card #: _____ Exp Date: _____ (Will purchase at meet :)

Team Name: _____

Federation: APF AAPF

Division: Raw Equipped

Event(s): Bench Only Ironman (Push-Pull)

Age Div: Teen _____ Junior Open

Sub-master Master _____

Wt. Class (lb): _____

Please read the following carefully, in signing you will be giving up important rights:

IN CONSIDERATION OF MY PARTICIPATION IN THE WEST MICHIGAN BENCH PRESS AND PUSH PULL WINTER SMASH, I ACKNOWLEDGE THAT I UNDERSTAND THE NATURE OF THE ACTIVITY AND THAT I, AND/OR MY MINOR CHILD, AM QUALIFIED, IN OUTSTANDING HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I FULLY UNDERSTAND THAT POWERLIFTING INVOLVES RISK OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH AND THAT THESE AND OTHER RISKS MAY BE CAUSED BY MY OWN ACTIONS, OR INACTION, THOSE OF OTHERS PARTICIPATING IN THE EVENT, THE CONDITIONS IN WHICH THE EVENT TAKES PLACE, OR THE NEGLIGENCE OF THE RELEASEES NAMED BELOW, AND THAT THERE MAY BE OTHER RISKS EITHER NOT KNOWN TO ME OR NOT FORSEEN 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 IN THE ACTIVITY. IN SIGNING THIS ENTRY, I CERTIFY I AM ELIGIBLE UNDER APF/AAPF RULES. I DO HERBY WAIVE MYSELF, MY HEIRS, MY ASSIGNS, ANY CLAIMS, DAMAGES, OR INJURIES WHICH MAY ARISE AS A RESULT OF MY PARTICIPATION IN THE MICHIGAN APF FALL OPEN AGAINST EZRA SALMON, PERFORMANCE EDGE, THE FACILITY, THE APF/AAPF, OR ANYONE WHO ASSISTS WITH SAID CONTEST.

Signature: _____ Date: _____

Parents Signature (if under 18 years): _____