



S.A. DRUG FREE POWERLIFTING ASSOCIATION INC

2021 OFFICIAL COMPETITION ENTRY FORM

2021 COMPETITION DATE

National Championships

Where: Cobdogla Club,
Rowe St,
Cobdogla SA

When: Saturday August 28th.

Weigh in will start at 10 am sharp.
Lifting to start at approx 12 am.

**ENTRIES CLOSE MONDAY AUGUST 16th
(NO EXCEPTIONS)**

3 Lift Competition

Please tick **\$80.00**

OR

Single Lift Competition

Please tick

Single Lift Entry Fees

1 lift - \$65.00
2 lifts - \$102.50
3 lifts - \$140.00

Total Fees Enclosed
\$ _____

PERSONAL DETAILS

Name: _____

Address: _____

Date of Birth: _____

Phone No: _____

Club: _____

Weight Class: _____

Age: _____

Age Class: _____

Raw or Assisted: _____

I fully understand that I shall compete under the rules laid down by the World Drug Free Powerlifting Federation. I also understand that the equipment used in the Competition is governed by the rules of World Drug Free Powerlifting Federation, which means that it is of sufficient standard to meet the requirements of normal use.

Whilst the South Australian Drug Free Powerlifting Association Incorporated shall use all care possible in making the sport safe, I am aware that unforeseen incidents may occur, and wish to exempt the South Australian Drug Free Powerlifting Association Incorporated from any possible legal action. I understand that my entry fee only allows me to be weighed in, have my equipment checked, use the warm up facilities provided, to participate in the competition, and to submit to a drug test if required.

In consideration of the entry, I hereby intend to be legally bound by myself, my heirs, executors or administrators, waive any and all rights and claims for damages against the South Australia Drug Free Powerlifting Association Incorporated, the management, committee members, organisers and or assigns, and the sponsors of this contest, for any injuries suffered by me at the said Powerlifting competition.

Lifter's Signature _____ Sign of State Assoc Sec _____

Parent/Guardian Sign (if U18) _____ Today's Date _____

Coach's Name _____ Today's Date _____

Coach's Signature _____
(If no coach write 'No Coach')

Total Entry Fee \$.....

Paid with (please circle)

Cash
Cheque/Postal Order
EFT Transfer

Please send completed Competition Entry Form and Entry Fees to:

SADFPA Treasurer
PO Box 2072
Berri. SA. 5343

Email: srapson4@bigpond.com

Cheques to be made payable to 'SADFPA Inc'.

BSB: 805-050 Account Number: 61303262

If paying by EFT please use your name as a reference.

Rules Concerning Disqualification Due To Misconduct

It is a **condition of entry** that this form be clearly named, signed and attached to the competition entry form

(See 'WDFPF Rule Book 4 pg 10. Section 16 CONDUCT OF COMPETITION')

M. RULES CONCERNING DISQUALIFICATION DUE TO MISCONDUCT: Any lifter or coach, who by reason of misconduct on or near the competition platform which is likely to discredit the sport, shall be officially warned. If the misconduct continues, the Head Referee (or Technical Officer) may disqualify the lifter and order the coach to leave the venue. The lifter's coach must be officially informed of both warning and disqualification.

SA Drug Free Powerlifting Assoc. Inc. deems 'Misconduct' (at or in the competition venue) to be:

- 1) Bullying.
- 2) Loud, aggressive or intimidating behaviour.
- 3) Foul language (indecent or profane language).
- 4) Failing to treat the referees or any officials with absolute respect.

Ihave read, fully understand and accept this policy

(signed)

Special Notice

Are you and/or your coach a member of, or associated with, any other Powerlifting group or organisation?

Yes No

If yes, you will be unable to compete in this competition due to the SA Drug Free Powerlifting Assoc constitution.

Name (print) _____

Signature _____

Competition Set up/Pack up

Assistance is required with setting up competition equipment (Friday night) and packing it away after the competition (Saturday afternoon). Please indicate below which one you will be helping with.

Open Powerlifting

I do/do not consent to my competition results being forwarded to Open Powerlifting. I understand that my age will also be given to this organisation. Signed _____

Presentation Dinner

Please indicate how many will be attending the presentation dinner after the competition. It will be held at the Cobdogla Club at 6.00 pm.

Number attending _____

RELEASE FROM LIABILITY and CONSENT TO DRUG TEST:

NOTE: (Please read this release very carefully as when you sign it, you will be giving up important legal rights)

In consideration of the acceptance of my entry form to South Australian Drugfree Powerlifting Association competitions, I intend to be legally bound for not only myself, but also my heirs, executors and my administrators.

Additionally, I understand that Powerlifting is an inherently hazardous activity and that participation in this sport exposes me to the risk of injury or death. I further understand that the South Australian Drug Free Powerlifting Association will not reimburse me for, or coverage of any medical expenses incurred by me as a result of injuries that I might sustain, training for, traveling to or from, or participating in the competition.

In signing this release from liability, I waive and release anyone connected with this competition; i.e. the meet directors, South Australian Drugfree Powerlifting Association, the competition sponsors and staff, the contest facilities or any persons associated with the competition from any and all liability, including any results of negligence which may arise from this competition. Moreover, I agree that any testing method selected by SADFPFA recognized testing officers may be applied to detect the presence of drugs, as listed on the World Anti-Doping Agency (WADA) banned substances list which SHALL BE CONCLUSIVE. I agree to co-operate fully with all required IOC & WADA sampling and testing procedures. This includes any testing procedures that may be considered necessary prior to or after this event.

Should I fail to pass the drug testing procedures, I agree to forfeit any trophy, award, record or placing which I won during the championships and I also forfeit any previous trophy, award, record or placing should the offence be deemed serious enough, according to WDFPF rules, to warrant such an action. I understand and agree that if I fail to pass the drug testing process, my name will appear on a published list of suspended members. If determined that I failed the drug test, I agree to waive any claim for which legal relief is available. I also agree to waive any claim that might arise under state, national or international law for defamation, slander, libel, or any other claim for which legal relief is available.

I understand that my agreement to pay attorney fees and litigation expenses is the SINE QUA NON for acceptance of my entry in this championship. If any provision of this Release from Liability shall be deemed by a court of competent jurisdiction to be invalid, the remainder of this Release from Liability shall remain in full force and effect. I also certify with my signature that this release/ agreement cannot be modified orally.

Signature of athlete: _____ . Date: _____ .

(If lifter is under 18 years of age, complete the following :)

Signature of parent/guardian: _____ . Date: _____ .

Certification: I hereby give my word of honor as an athlete that I have not used any strength inducing drugs (I.e., any anabolic steroid, natural hormone or synthetic growth hormone) as part of my training during the past sixty months (five years), nor have I used or will I use prescription diuretics or psychomotor stimulants during the seven days prior to this competition.

Signature of athlete: _____ . Date: _____ .