

Early Bird Entry Fee: \$35—Sept. 25–Oct. 8

Entry Fee: Oct. 9–Nov. 6—\$45 Student Rate: \$35

COMPETITION LOCATION:

National Institute for Fitness and Sport 250 University Blvd., Indianapolis, IN 46202 *Downtown in White River State Park, on the campus of IUPUI just south of the Natatorium*

317.274.3432 • nifs.org

Saturday Nov. 11, 2017

Competition begins at 9:00a

Weigh-in 7-8a; Mandatory rules meeting 8-8:45a

Mail Entry to: NIFS c/o Tony Maloney 250 University Blvd Indianapolis, IN 46202

Here are a few things to remember:

- 1. This is a non-sanctioned event.
- 2. The competition will follow all the rules and regulations of USA Powerlifting.
- 3. Spaces are limited to 70 Athletes.
- 4. Three lifts will comprise a total to determine class winner.
- 5. Early Bird registration pricing ends Oct. 8, 2017

For questions or to register, call Tony Maloney at 317.274.3432 ext. 260 or email tmaloney@nifs.org				
Name:				
Address:				
		ZIP:		
Daytime Phone: E-mail Address:				
	-	Current Weight: lbs. Deadliftlbs.		
Payment: Total enclosed	Check # ers payable to NIFS . If using a c	redit card, please complete this information:		
		Vame on Card		

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 thirty-six months, nor have I used prescription diuretics or psychomotor stimulants during the seven days prior to this meet. Further, I assume the risk of my participation in this sport and in this competition, which is potentially dangerous. Serious and minor injuries can and do occur. I further recognize that my participation in this competition is voluntary and requires that I assume the risk of this potentially dangerous sport and, therefore, I assume the risk of potential injury. I understand that while emergency medical personnel may be present for the Activity, I will be responsible for determining my medical treatment and transport and for payment of any medical expenses I may incur.



MITS Waiver, Release of Liability and Consent to Medical Attention

In Exchange for my being allowed to participate in the National Institute for Fitness and Sport's (the "Institute") programs and opportunities (the "Activity"), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

- 1. Obligation to Inspect Facilities and Equipment. I agree that prior to participating in the Activity, I will inspect the facilities to be used. If I believe anything to be unsafe, I will immediately advise the Institute of such unsafe condition(s) and may decline to participate in the Activity.
- **2. Identification of Risks.** I understand that participation in the Activity may involve risk of injury, disability and death and perhaps damage to property.
- **3. Assumption of Risk.** I am physically and psychologically ready to participate in the Activity and assume all risks connected with my participation in the Activity. I am voluntarily participating in the activity and using equipment and machinery with knowledge of the dangers involved. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Activity.
- 4. Status of the Institute. I understand and represent that the Institute (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) is not my physician and that the Activity does not constitute the provision of medical or health care services.
- 5. Waiver and Release. I release and discharge the Institute, Indiana University (the owner of the Institute's premises), and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Activity, whether or not caused in whole or part by the negligence of any of the organizations or individuals mentioned above. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely, including all renewals of membership or participation in other programs or opportunities of the Institute, and unless and until I provide written notification to the Institute to the contrary.
- 6. Consent for email and photo/video release. I hereby authorize and give my full consent to the Institute to copyright and/or publish any and all photographs, video and/or audio in which I appear while attending the Institute or Activity. I further agree to allow, without

compensation, my likeness and/or name to appear, and to otherwise be used, in material, regardless of media form, promoting the Institute, and/or its events and activities. I agree to receive direct e-mail communication from the Institute (If I do not wish to receive email from the Institute, I can remove myself from the mailing list by clicking 'Unsubscribe' within the emails I receive at any time.)

- 7. Consent to Medical Treatment. I agree that the Institute (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) may, but has no duty to provide me, through medical personnel of their choice, customary medical or training assistance, transportation, and emergency medical services.
- 8. Applicable Law and Venue. This waiver, release, and consent shall be governed, construed, and enforced in accordance with the substantive law of the State of Indiana. Any action with respect to this document or the Activity shall be brought in or venued to a court of competent jurisdiction (or other dispute resolution process) sitting in Marion County, Indiana.
- 9. Severability. If any provision (or portion of any provision) of this waiver, release, and consent is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

I have read this waiver, release and consent and understand that I have given up substantial rights by signing it. I am signing this Waiver, Release and Consent voluntarily.

Signature	
Printed Name	Date
Witness Signature	Date

If the person participating in the Activity is not yet 18 years old: As a parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release and Consent.

Signature	
Printed Name	Date
Witness Signature	Date



250 University Blvd. Indianapolis, IN 46202-5192 317.274.3432 Phone 317.274.7408 Fax www.nifs.org