

Anmeldeformular

7. Deutsche Meisterschaften am 05. April 2015

SINGLE EVENT & POWERLIFTING



UNEQUIPPED & EQUIPPED

German Drug-Free Powerlifting Federation e. V.

Name: Vorname:

Geburtsdatum: Alter: Jahre Geschlecht: männlich
 weiblich

Gewichtsklasse: kg (bitte entsprechend den Gewichtsklassen im Regelwerk angeben)

Anschrift: Straße:

PLZ: Ort:

Teilnahme: POWER UNEQUIPPED SINGLE UNEQUIPPED KNIEBEUGE BANKDRÜCKEN KREUZHEBEN
(bitte ankreuzen) POWER EQUIPPED SINGLE EQUIPPED KNIEBEUGE BANKDRÜCKEN KREUZHEBEN

Alle Sportler müssen innerhalb der **1. Stunde der Abwaage** zur Registrierung anwesend sein, andernfalls können die Verantwortlichen deren Teilnahme verweigern.

EIDESSTATTLICHE ERKLÄRUNG

Hiermit gebe ich mein Ehrenwort, dass ich noch nie anabolen Steroide oder andere leistungssteigernde Mittel, die gemäß der World Anti Doping Agency (WADA) auf der Liste unerlaubter Substanzen stehen, genutzt habe.

Unterschrift des Teilnehmers: Datum:

HAFTUNGSAUSSCHLUSS der WDFPF

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 for this competition, I intend to be legally bound, for not only myself, but also my heirs, my executors and my administrators. In signing this release from liability, I waive and release anyone connected with this competition from any and all liability which may arise from this competition. Moreover, I agree that any testing method that WDFPF recognised testing officers may apply to detect the presence of drugs, as listed on World Anti Doping Agency (WADA) banned substances list, SHALL BE CONCLUSIVE. I agree to co-operate fully with all required IOC 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 that I might otherwise have won 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 also agree to waive any claim which might arise under state, national or international law for defamation, slander, libel or any other claim for which legal relief is available. I agree to pay any attorney fees and litigation expenses incurred by any person, real or corporate, whom I may sue in effort to challenge this release from liability. I understand that my agreement to pay attorney fees and litigation expenses is the SINE QUA NON for acceptance of my entry in this contest.

Die Ergebnisse der Doping-Tests werden von der WDFPF bspw. auf deren Website publiziert.

Unterschrift des Teilnehmers: Datum:

Das Anmeldeformular ist unterschrieben bis zum 15. März 2015 postalisch oder via Mail an den Vorstand der GDFPF e. V. zu senden ! vorstand.gdfpf@yahoo.de

Selbige Frist gilt für das Überweisen der Startgebühr (45 €) sowie des Mitgliedschaftsbeitrags (40 €).

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Registernummer: VR 3282