

# WORLD DRUG FREE POWERLIFTING FEDERATION

## ENTRY FORM EUROPEAN SINGLE LIFT CHAMPIONSHIPS 2017

NAME :  FIRST NAME :

DAY OF BIRTH : day/month/year    Age  Gender: **Male / Female**

WEIGHT CLASS :  KG Are you: Military/Fire/Police/Prison Officer  **Yes / no**

ADDRESS :

..... COUNTRY: .....

Please indicate below the competitions you wish to enter

Friday 22 <sup>th</sup> Sept	Saturday 23 <sup>th</sup> Sept	Sunday 24 <sup>th</sup> Sept
Squat Equipped	Bench Press Equipped	Deadlift Equipped
Squat Unequipped	Bench Press Unequipped	Deadlift Unequipped

60.00 € for first entry  
20.00 € for each additional entry

All lifters need to be present at the registration within the **1st hour of the weigh-in**. Those arriving after the 1<sup>st</sup> hour will not be allowed to compete.

I understand that I will automatically be entered in the OPEN CATEGORY along with an AGE-RELATED CATEGORY (teen/junior/master) if appropriate

**OFFICIAL RELEASE**

I hereby give my word of honour that I have not used anabolic steroids or other anabolic agents that would be considered banned substances by the World Anti-Doping Agency (WADA) list during the past five years

Signature of contestant: ..... Date : .....

**RELEASE FROM LIABILITY**

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.

**Results of the drug tests will be published in the WDFPF magazine and or website.**

Signature of contestant: ..... Date : .....

**Send to Your National Representative by 20<sup>th</sup> Aug 2017**