

ENTRY FORM :

Return entry form with fee (s) to: KCC Advisory Board, 2201 S. 7th St , Milwaukee, WI 53215

Make check or money order out to: KCC Advisory Board

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Age: _____ Email address _____

CHECK ONE to let us know if you are doing the bench press, dead lift or both.

I am competing individually in the:

___ Bench Press (\$35) ___ Dead Lift (\$35) ___ Both Bench Press & Dead Lift (\$60)

T-Shirt Size _____ (T-shirt is included in your registration fee. Sizes can only be guaranteed if registration received by March 9th deadline)

Please check ONLY ONE CATEGORY in which you are competing:

Females _____	Male Teens 19 & Under _____
Males 180 lbs. & under _____	Males 181 lbs. & over Assisted _____ Raw _____
Masters (45-55) Assisted _____ Raw _____	Masters (56-older) Assisted _____ Raw _____

(The option of “Assisted vs. Raw” is only available in three of the six categories)

-RELEASE-

In consideration of your acceptance of this entry, I hereby waive, for myself, my heirs and assigns, any and all claims for injury or damages which I may incur by virtue of my competing in this contest as against Milwaukee County, Kosciuszko Community Center Advisory Board and any of their agents and employees. I also realize that the sport of Powerlifting is a high risk sport and that I could be injured. I certify that I am in good physical health and have no serious health problems and that I assume full responsibility for such conditions. I also realize that I am fully responsible for my well being and safety in the warm up area, on the lifting platform, and while I am lifting at this event. I also give Milwaukee County, Kosciuszko Community Center, Kosciuszko Community Center Advisory Board and all other parties involved with this meet permission to post my name and any photos taken at the event. I understand that my Entry Fees go to cover trophies and other meet related costs. I also certify, by my signature, that I have read this release and fully understand and accept its terms. I do hereby verify my acceptance of this release by my signature below. Do not sign this release before reading it fully and carefully. If you do not accept its terms, DO NOT SIGN IT.

Parent/Guardian Signature of Participant Date
(if under 18 years old)

Participant’s Signature Date

37th Annual State of Wisconsin Bench Press & Dead Lift Competition
9:00AM on Saturday, March 23, 2013
Kosciuszko Community Center
2201 South 7th Street - Milwaukee, WI 53215 - (414) 645-4624