

XL

State of Wisconsin

BENCH PRESS & DEADLIFT

Competition

MARCH 19, 2016

Weigh-In: 9:00 am - Lifter's Meeting: 9:45 am - Competition 10:00am

Bench Press Competition will begin first and Deadlift will follow

Registration Fees:

Early Registration (Now until Friday, March 11th)

Bench Press OR Deadlift: \$30 - Bench Press AND Deadlift: \$55

Late Registration (March 12th - March 19th)

Bench Press OR Deadlift: \$40 - Bench Press AND Deadlift: \$65

Awards for 1st-3rd Place and medals for 4th-10th Place

BEST LIFTER RECOGNITION

Admission: \$2 for Adults, \$1 for children

Concessions will be available

KOSCIUSZKO COMMUNITY CENTER

2201 S. 7th Street, Milwaukee, WI 53215

(414) 645-4624

ENTRY FORM:

Return entry form with fee(s) to: KCC Advisory Board, 2201 S. 7th Street, Milwaukee, WI 53215. Make check or money order out to: KCC Advisory Board.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____ Age: _____

I am competing individually in the :

_____ Bench Press (\$30/\$40) _____ Dead-Lift (\$30/\$40) _____ Both Bench Press & Dead-lift (\$50/\$60)

Early Registration (Until March 11) - Late Registration (March 12 - March 19)

PLEASE CHECK ONLY ONE CATEGORY IN WHICH YOU ARE COMPETING:

_____ Females	_____ Male teens 19 & under
_____ Males 180 lbs & under	Males 181 lbs & over _____ Equipped _____ Raw
Masters I (40-49) _____ Equipped _____ Raw	Masters II (50+) _____ Equipped _____ Raw

-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

Participant's Signature Date