



LAST CHANCE

PUSH/PULL Bench Press

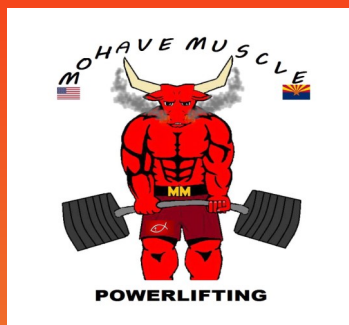
A.A.U. Meet!

Location: 8110 W Union Hills Dr #250 Glendale, AZ 85308

Date: Saturday 18th of August , 2018

Time: Saturday, doors will open at 8 am, Rules brief at 9 am, competition starts at 10am

Contact info: Meet Director Mikel Meadows (928) 234-5774 seekprov31@gmail.com





2018 "Last Chance" AAU Push/Pull - Bench Press Meet!

Meet Director: Mikel Meadows (928) 234-5774 seekprov31@gmail.com

Venue: El Jefe CrossFit 8110 W Union Hills Dr #250 Glendale, AZ 85308

Date: Saturday 18th of August , 2018

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Weigh-in: Friday Night 17th August 7-8:00 pm or Saturday 8:00 am – 9:00 am @ El Jefe

Technical Meeting: 9:30 am Saturday; Competition Starts at 10:00am.

This event is licensed by the Amateur Athletic Union of the US, inc.

TESTING: All athletes entered may be subject to drug testing per AAU policies and procedures.

This meet will be sanctioned for American records

Membership: AAU MEMBERSHIP IS REQUIRED. All cards must be purchased online prior to the event. AAU membership is not included as part of the entry fee to the event. Participants are encouraged to visit www.aausports.org to obtain membership. Youth membership is \$16 and adult membership is \$24

For those who don't have a current AAU Card, get your card after Aug 15 to take advantage of the new card year.

Entry Fee: Unless prior arrangements are made, all fees should be paid by the Deadline Date: Aug 3rd, 2018 Entries received after the deadline will be subject to a \$20 late fee

Please Make all checks Payable to: Mikel Meadows 1811 Tejon Dr Bullhead City, Arizona 86442



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Name: _____ Phone: _____ A.A.U. # _____
Address _____ City _____ State _____ Zip _____
Weight Class _____ Age: _____ D.O.B. _____ Sex _____ E-
Mail address _____

Open: _____ Teen _____ Youth _____ Junior _____

Sub Master: _____ Master: _____ Law/Fire: _____ Military _____

Lifetime Masters _____

Push / Pull \$50 for Adults \$30 for Students

Bench ONLY \$50 for Adults \$30 for Students

ALL CROSSOVERS \$20

Last Chance Qualifier for AAU Worlds Sept 28-30 in Laughlin, NV.

AAU Weightlifting Waiver and Consent In order to be able to participate in this or any other AAU Weightlifting event, I hereby consent to be drug tested by urine analysis or whatever other method is chosen by the AAUPC. I agree if I fail or refuse to be tested that I will automatically be disqualified from the event(s) and may be subject to further penalties under the AAU Code. I further consent to the publication of my test results and/or my failure/refusal to test in sole discretion of the AAUPC. I understand that both the collection process and testing procedures will be performed by a third party (not AAUPC or AAU) I hereby release, discharge and covenant not to sue the AAUPC and/or the AAU, their respective administrators, directors, agents, officers, members, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which any AAU activity takes place (each considered one of the releases) , from all liability, claims, demands, losses, or damages on any account caused or alleged to be caused in whole or in part by any and all of the releases or otherwise, relative to the drug testing, the publication(s), or any matter related to this event, and further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, such a claim is made against any of the releases, the undersigned will indemnify, save and hold harmless each of the releases from any litigation expenses, attorneys fees, loss, liability, damage, or cost which may occur as a result of such claim. The parties agree that if any portion of the consent/release shall be deemed invalid and/or unenforceable, the rest of such consent/release shall remain in full effect.

Signature: _____

Date: _____

Signature of parent or Guardian: _____ if under age 21

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AMATEUR ATHLETIC UNION STRENGTH SPORTS DRUG-TESTING CONSENT FROM

By signing this form, I _____ affirm that I am aware of the (Please Print Name) Amateur Athletic Union Strength Sports drug-testing program and have read the Adult Substance Abuse Program Summary. I acknowledge that doping or the use of drugs before or during competition is prohibited and a violation of the AAU Code. I consent and agree to urine drug testing to participate in any and all AAU Strength Sports events. I understand and agree that the collection process and testing procedures will be performed by a third party and in accordance with the AAU Strength Sports Testing Policy. I acknowledge that AAU Strength Sports shall notify me of the results of the test by certified mail, return receipt requested, to the address I provide below.

I FURTHER ACKNOWLEDGE AND AGREE THAT SHOULD NOTICE OF A POSITIVE TEST BE RETURNED FOR ANY REASON TO AAU Strength Sports, AAU Strength Sports SHALL HAVE THE RIGHT TO POST MY NAME ON THE SUSPENSION LIST LOCATED ON THE WEB PAGE OF AAU Strength Sports. I acknowledge that if I test positive, refuse to be tested, and/or fail to appear for testing, I will automatically be disqualified from any and all AAU Strength Sports events and may be subject to further penalties and/or sanctions under the policies and procedures set forth in the AAU Code. I acknowledge that I may request a hearing before the AAU Review Board to challenge my disqualification from any and all AAU Strength Sports. I acknowledge and agree that this Consent shall be in effect for one (1) year from the date of signing. The parties herein agree that if any part of this Consent shall be deemed invalid and/or unenforceable, the remaining terms and provisions of said Consent shall remain in full force and effect. I acknowledge that I have read this Consent and fully understand and agree with its contents. I further acknowledge that if I am selected to be tested, I may be required to sign another Consent Form.

Dated this _____ day of _____, 20 _____

SIGNATURE _____ DATE OF BIRTH _____

ADDRESS _____

City _____ State _____ Zip Code _____

Country _____ TELEPHONE _____

NUMBER _____ E-MAIL ADDRESS _____ MEMBERSHIP _____

NUMBER _____ RENEWAL _____ NEW MEMBER _____ WITNESS (PRINT _____

NAME) _____ SIGNATURE OF _____

WITNESS _____

<https://find.aausports.org/>

<https://www.facebook.com/groups/2084937838443469/>

