

2018 AAU Solstice Deadlift Challenge

YOU MAY EITHER POWERLIFT or BENCH

Date: June 23, 2018 – Location: Anchorage Town Square Park



Testing: Any AAU lifter may be subject to drug testing per the AAU Policy and Procedures.
Eligibility: Must be a current member of the AAU.
Divisions: All weight classes listed below are provided in all divisions for **both men and women.**

Raw Youth (6-7,8-9,10-11,12-13) Raw Teen(14-15,16-17,18-19), Disabled by weight and age Blind/Dwarf/Wheel Chair.

Weight Classes: Men: + Youth 66, 77, 88, 97, 105 ALL 114,123,132,148,165,181,198, 220 ,242, 275,308, 308+
Women: Youth 66, 77, 88, ALL 97,105 114,123,132,148,165,181,198,198 220, 220+

Weigh-ins: Weigh-ins are 9:00 am to 10:30 am the morning of the event

Awards: Medals 1-3 overall best Best Male/Female (MINIMUM).

Fees: **Adults \$30, Students \$20**

All lifters must have a current AAU membership card which costs \$14 for youth (through and including 20 years old.) **AAU CARDS AVAILABLE ONLINE AT WWW.AAUSPORTS.ORG `ALL CARD MUST BE BOUGHT ONLINE PRIOR TO THE MEET AND PRESENTED AT WEIGH-INS/CHECKI-IN!**

Video Tapes: **OUTSIDE VIDEOING ALLOWED**

- This event is licensed by the Amateur Athletic Union of the U.S., Inc.
 - All participants must have a current AAU membership.
 - AAU membership may not be included as part of the entry fee to the event.
 - AAU membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connection.
 - Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership
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YOU MAY EITHER POWERLIFT, or BENCH

Date: June 23, 2018 – Location: West Anchorage High School

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

Raw Teen: _____ RawYouth: _____

AAU Powerlifting Waiver and Consent

In order to be able to participate in this or any other AAU Powerlifting 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