

Cold Iron Full Power Challenge

Qualifier for AAU Worlds September 28-30 Harrah's Resort Hotel Casino, Laughlin, NV



Date: August 18, 2018

Location: Cold Iron Barbell, 320 Alisal Road, Solvang, CA 93463

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: Powerlifting, Pushpull, Bench, and Deadlift

Youth (6-7, 8-9, 10-11, 12-13), Teen (14-15, 16-17, 18-19,) Junior (20-23), Open,

Sub-Masters (35-39), Masters (40-44, 45-49 etc. in 5 year increments), Lifetime Masters

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

Women: 66, 77, 88, 97, 105, 114, 123, 132, 148, 165, 181, 198, 220, 220+

Weigh-ins: Early weigh-ins from 6:00-8:00 pm Friday, Regular weigh-ins from 7:00 am to 8:30 am Saturday

Fees: \$35 for first division entered \$25 crossover, for each additional class

All lifters must have a current AAU membership card \$24 adult \$14 youth

NOTE: Purchase AAU card after August 15 to take advantage of new card year

AAU CARDS ARE AVAILABLE ONLINE AT WWW.AAUSPORTS.ORG `ALL CARDS MUST BE BOUGHT ONLINE PRIOR TO THE MEET AND PRESENTED AT WEIGH-INS/CHECKI-IN ! AS PART OF THE CARD PROCESS, ALL LIFTERS AGE 20+ WILL HAVE A BACKGROUND CHECK PERFORMED. PROCESS CAN ADD TIME TO CARD APPROVAL

ENTRY DEADLINE IS AUGUST 1, 2018 - LATE ENTRIES WILL NOT BE ACCEPTED!

Make checks or money orders payable to:

YOUTH EMPOWERED SPORTS CLUB

P0 Box 344

Solvang, CA 93464

(805) 267-6272

E-MAIL: Lynnecastellanos@hotmail.com

2018

COLD IRON FULL POWER CHALLENGE

Name: _____ Phone: _____ A.A.U. # _____

Address _____ City _____ State _____ Zip _____

Weight Class _____ Age: _____ D.O.B. _____ Sex _____

E-Mail address _____

PLACE "P" for Powerlifting "B" for Bench, "D" for Deadlift, "C" For Pushpull in appropriate block

Equipped

Open: _____ Teen _____ Youth _____

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

Lifetime _____ Lifetime Masters _____

Raw

Raw Open: _____: _____ Raw Teen: _____ Raw Youth: _____

Raw Junior _____ Raw Sub Master: _____ Raw Master: _____

Raw Lifetime _____ Raw Lifetime Masters _____

AAU Strength Sports Waiver and Consent and hold harmless agreement

In order to be able to participate in this or any other AAU Strength Sports event, I hereby consent to be drug tested by urine analysis or whatever other method is chosen by AAU Strength Sports. 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 by AAU Strength Sports

I understand that both the collection process and testing procedures will be performed by a third party (not by AAU Strength Sport or AAU)I hereby release, discharge and covenant not to sue the by AAU Strength Sports 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

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 _____