**Waiver and Release of Liability Form**

-New Directions Health & Fitness Club-

632 Main St. Tell City, IN 47586

812-547-1200

**2022 Deadlift Competition**

**IMPORTANT: READ THIS RELEASE CAREFULLY. WHEN YOU SIGN IT YOU WILL BE GIVING UP IMPORTANT LEGAL RIGHTS.**

In consideration of the risk of injury while participating in the 2022 Deadlift Competition, and as consideration for the right to participate in the competition, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the competition, and do hereby release and forever discharge New Directions Health & Fitness Club, located at 632 Main St. Tell City, Indiana 47586, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damagers, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned 2022 Deadlift Competition, including traveling to and from the event related to this competition.

**I AM VOLUNTARILY PARTICIPATING IN THE AFORMENTIONED 2022 DEADLIFT COMPETITION AND I AM PARTICIPATING IN THE COMPETITION ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THE 2022 DEADLIFT COMPETITION, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DIFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS’ NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE COMPETITION LOCATION. NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS COMPETITION, INCLUDING TRAVEL TO, FROM AND DURING THE COMPETITION.**

I agree to indemnify and hold harmless New Directions Health & Fitness Club against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney’s fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If New Directions Health & Fitness Club incurs any of these types of expenses, I agree to reimburse New Directions Health & Fitness Club.

I acknowledge that New Directions Health & Fitness Club and their directors, officers, volunteers, representatives, manufacturers, and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of New Directions Health & Fitness Club. In consideration of my participation in the 2019 Deadlift Competition, as a competitor, as a loader/spotter, as a referee, as a platform worker, or as in any other capacity, I intend to be legally bound, for not only myself but also for my heirs, executors, representatives, agents, successors, assigns, and administrators. By signing this Release of Claims and Liability, I waive, release, and forever discharge officers and officials, the meet directors(s), the loaders and spotters, the referees, all meet personnel, and all New Directions Health & Fitness Club administrative personnel, agents, independent contractors, and employees associated with this competition, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, that I, my heirs, personal representatives, or assignees, may have against New Directions Health and Fitness Club and the aforementioned parties for all injuries and damages, known or unknown, that I may incur as a result of my participation and/or involvement in the above-described event or by my use of the facility in which this competition is held.

**I ACKNOWLEDGE THAT THIS 2022 DEADLIFT COMPETITION MAY INVOLVE A TEST OF A PERSON’S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND/OR PROPERTY LOSS.** The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, manufacturers, spectators, coaches, event officials and event monitors, and/or producers of the event and equipment.

**I ACKNOWLEDGE THAT I HAVE CARFULLY READ THIS “WAIVER AND RELEASE” AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE NEW DIRECTIONS HEALTH & FITNESS CLUB AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS, MANUFACTURERS, AND ASSIGNS FROM ANY AND ALL CLAIMS OR CAUSES OF ATION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST NEW DIRECTIONS HEALTH & FITNESS CLUB FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statue or case law does not prohibit release for negligence, this release is also for negligence on the part of New Directions Health & Fitness Club, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of me or my families’ willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions or neglect or recklessness.

This Agreement was entered into at arm’s length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. The Participant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and New Directions Health & Fitness Club agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause served does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written , constructed and enforces as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

**EMERGENCY CONTACT** **CONTACT RELATIONSHIP** **CONTACT PHONE #**

1.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Printed Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Age Date

*This Page is for Participants Ages 14-17 Only:*

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent to his/her release as provided above of all Releases, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless the releases from any and all liable incidents to my minor child’s involvement or participation in the 2022 Deadlift competition, even if arising from the negligence of any Releases, to the fullest extent permitted by law.

The undersigned participant & parent/legal guardian, affirm that the competitor is under the age of 18, and that I, the participant, and I the parent/legal guardian, are freely signing this agreement. I certify that I, the guardian, and I the participant, have read this agreement and that listed parties fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I, the guardian, and I the participant, am signing it of my own free will.

I as a parent/legal guardian with legal responsibility for this participant, also understand that my minor child has access to the 2022 Deadlift Competition held at New Directions Health & Fitness Club and can participate only when accompanied by me and that I, the parent/legal guardian must be present throughout the whole event, since the competitor is under the age of 18.

Printed Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Age Date

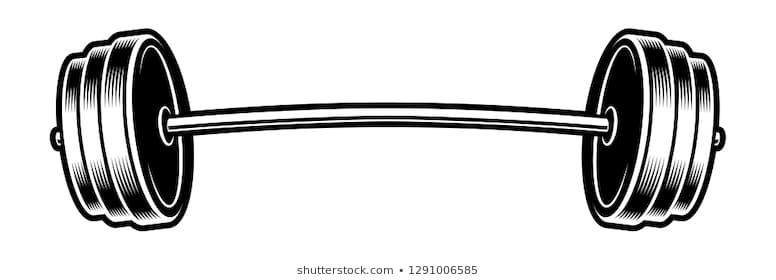
Parent/Legal Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Age Date

**New Directions Health & Fitness Club**

**2022 Deadlift Competition**

**Enrollment Form**

**August 13, 2022**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_**

**Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Age: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Age determination is based on the lifters age as of August 10th 2019; the day of the competition. All weight and age will be governed per USAPL rules and regulations

**Teen Girls/Boys (14-17) Men (18+) Women (18+)**

**Eligibility Requirements**: Open to ALL lifters. NO qualifying totals and/or competitions are required to compete in this competition

**ENTRY FEE (S):**

\_\_\_\_\_$20.00 – Deadlift Competition

\_\_\_\_\_$25.00 –Day of Event

**PLEASE SPECIFY T-SHIRT SIZE(s):** \_\_\_\_S \_\_\_\_M \_\_\_\_ L \_\_\_\_XL \_\_\_\_ 2XL \_\_\_\_ 3XL

\*Register by Aug 1st to receive a shirt the day of the event\*

**PLEASE MAIL YOUR ENTRY FORM AND RELEASE FROM LIBILITY WAIVER WITH A**

**CHECK OR DROP OFF AT NEW DIRECTIONS HEALTH & FITNESS CLUB (632 Main St. Tell City, IN 47586)**

**Event Agenda**

**\*12:00 P.M. -1:00 P.M. Check in, Weigh in & Warm up, Rule Briefing, Equipment Check**

**\*1:00 P.M.-?? Competition begins//Awards presented after each weight class/category is completed**

**\*Awards: Awards will be presented to all 1st place finishers, for each weight class & division. {10 total}**

**\*Technical Rules: This competition is refereed according to the USA Powerlifting guidelines.**

**Weight Classes [lbs.]:**

**Men:**

150 & Under

151-170

171-190

191-210

211-235

236-265

265+

**Women:**

150 & Under

151-175

175+

**Gender\_\_\_\_\_**

**Men/Women please specify the weight class that you will be lifting in: \_\_\_\_\_\_­­**

**PLEASE MAIL YOUR ENTRY FORM AND RELEASE FROM LIBILITY WAIVER WITH A**

**CHECK OR DROP OFF AT NEW DIRECTIONS HEALTH & FITNESS CLUB (632 Main St. Tell City, IN 47586)**

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