



**2014 IPA
THE DIXIE BENCH PRESS CONTEST**
WWW.IPAPOWER.COM

OFFICIAL ENTRY FORM
JANUARY 11, 2014 Holiday Inn & Suites, COLUMBIA, SC

	<u>DIVISION</u>	<u>SUBDIVISIONS</u>
<input type="checkbox"/> AMATEUR	<input type="checkbox"/> CROSSFIT	<input type="checkbox"/> OPEN MEN
	<input type="checkbox"/> RAW	<input type="checkbox"/> OPEN WOMEN
<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> EQUIPPED	
Weight Class _____ IPA Expiration Date _____		

ENTRY FEE \$45 per division, \$20 each additional division

Name: _____ Age ____ DOB _____

Street address: _____

City _____ State _____ Zip _____

Cell _____ Email _____

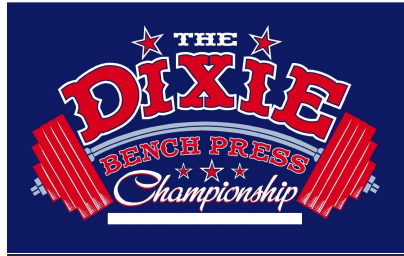
Tee Shirts Size: __S__ __M__ __L__ __XL__ __2XL__ __3XL__ __4XL

PAYMENT CHOICE: __Check__ __Money Order__ __Cash__

Please make checks payable to: Donnie Thompson Tours.

Payment must accompany entry form. Mailed entries must be postmarked by January 10, 2014.

Mail to: 125 Sharon Circle, West Columbia, SC 29169



RELEASE FROM LIABILITY

On behalf of myself, my heirs, executors, administrators, and assigns, I hereby irrevocably waive, release and fully discharge the International Powerlifting Association (IPA), Donnie Thompson, Donnie Thompson Tours, SuperD Productions, Holiday Inn & Suites, their respective officers, directors, employees, agents, and shareholders, of and from any and all rights, claims, demands, lawsuits, and causes of action due to or arising from any accident, injury, damage or loss directly, indirectly or in any way associated with my participation in the powerlifting competition sponsored by International Powerlifting Association (IPA), Donnie Thompson and Holiday Inn & Suites.

I represent that I know of no medical reason or condition that would impair my ability to participate in this event, and I hereby assume any and all risk of accidental, medical injury or consequential damages resulting from my participation. I acknowledge, understand and accept the inherent risks of powerlifting. I fully understand that if I enter the Am (drug tested) divisions, I may be selected to take a urinalysis test. If this test is found positive for anabolic steroids I (the signed applicant) will pay for the cost of this test. If the test is found to be negative, the IPA will pay for the test. By signing this release from liability, I irrevocably waive all rights, claims, demands, lawsuits and causes of action against everyone connected with this contest with regard to the result of any drug test. **I have read the above release, understand its meaning and consequences, and intend to be legally bound by its terms and have signed this release freely and voluntarily.**

Signature (in full) of applicant

Date

Signature (in full) of parent or guardian if
Applicant is under 21 years of age.

Date

