



Flex Lewis Classic

2017 IPA Champion of Champions 2

October 7, 2017

General Information

- Date:** Saturday Oct 7, 2017
- Location:** Embassy Suites 1200 Conference Center Blvd., Murfreesboro, TN 37129
- Director:** Bobby Betts/phone: 931-255-1008, email: pressfitnessipa@gmail.com
- Entry Fees:** **ENTRY FEE PER DIVISION, PER LIFTER:** Full Power \$150, Push/Pull \$120
Bench-Deadlift-Squat Only \$100, All Crossovers \$70.
No refunds for cancellation. If cancellation is due to an injury or family emergency, we will credit the entry fee toward the next IPA event directed by Bobby Betts only.
- Divisions:** There are 2 divisions: Amateur which is a drug-tested division, and Professional which is a non-drug tested division. **Drug testing is by urinalysis.**
- RAW AND EQUIPPED SUB-DIVISIONS:**
- Open Men
 - Open Women
 - Teen (*men & women*)
 - Police (*men & women*)
 - Submaster (*men & women*)
 - Master (*men & women*)
 - Junior (*men & women*)
- Weight Classes:**
- Men: 114, 123, 132, 148, 165, 181, 198, 220, 242, 275, 308, SHW
Women: 97, 105, 114, 123, 132, 148, 165, 181, 198, SHW
- Saturday:** **LIFTERS MEETING @ 8:30 am Sharp**
LIFTING STARTS @ 9 am Sharp
- Weigh-ins:** **At Meet Site:** Embassy Suites 1200 Conference Center Blvd., Murfreesboro, TN 37129
Times: **Friday, Oct 6 – 9 am-12 pm and 4 pm-7 pm**
Saturday, Oct 7 – 6 am-7:30 am.
- Rules:** International Powerlifting Association (IPA) rules apply. Equipment must meet IPA specifications. One-piece lifting suit must be worn. *For rules and regulations, visit the IPA website at www.IPAPOWER.com*
- Deadline:** **ENTRY DEADLINE IS FRIDAY SEPTEMBER 15, 2017**
- IPA Registration:** **IPA cards WILL NOT be available at meet.** To register for an IPA membership, register online or download a registration form available on the IPA website at www.IPAPOWER.com. Complete the IPA Registration Form online or print and return with payment to IPA, 190 Arsenal Rd., York, PA 17404.

REMEMBER, GET YOUR ENTRIES IN EARLY! THE DEADLINE IS 9-15-17



PROFESSIONAL OR AMATEUR ... NEED HELP CHOOSING YOUR DIVISION?

The IPA has two divisions: *Professional and Amateur* so all lifters can co-exist under the umbrella of one Association. The **Professional Division**: Standard lifting rules apply (*please see Personal Equipment section of Rule Book*). The division is open to anyone who wants to enter as a Professional, no matter what he or she totals. The Pro Division is a **non-drug tested division**. The *Pro Division* has its own world and state records. Records will be kept in all subdivisions, except for Special Olympics.

Amateur Division: Standard lifting rules apply (*please see Personal Equipment section of Rule Book*). The division is open to anyone who wants to enter the Amateur division, no matter what he or she totals. **It is a 100% Drug Free Division.**

Lifters **will be tested for anabolic steroids through the use of urinalysis**. Testing will be random and chosen by the Meet Director. Lifters can be tested at any time during the meet at the Meet Director's discretion. An Amateur lifter must be prepared to provide a sample of his/her urine after competing if randomly chosen (there is no charge for the Amateur Division lifters unless the test results are positive). To protect the integrity of the drug test, the urine sample must be processed by the appropriate official. If urinalysis test results are negative, the meet director will absorb the cost of the drug test. If urinalysis test results are positive, the lifter will be responsible for all expenses associated with the drug test. Subsequently, all of the lifter's records and accomplishments to date will be disqualified, and the lifter will be suspended from IPA competition for life.

If the lifter enters a meet as an *Amateur* and totals a *Professional* total, he/she will be classified as an Amateur pending the results of drug testing by urinalysis. Amateur records set or broken are pending drug test results. *Amateur* records will be kept in all subdivisions.

Raw Lifting: This division allows knee wraps (in the squat only), lifting belt and wrist wraps.

IPA PROFESSIONAL CLASSIFICATION TOTALS (EQUIPPED AND RAW)

MEN'S DIVISIONS

WOMEN'S DIVISIONS

<i>Weight Class</i>	<u><i>Equipped</i></u>		<u><i>Unequipped</i></u>		<i>Weight Class</i>	<u><i>Equipped</i></u>		<u><i>Unequipped</i></u>	
	PRO	M*	RAW PRO	RAW M*		PRO	M*	RAW PRO	RAW M*
114	1085	976	904	850	97	680	612	543	491
123	1210	1089	984	904	105	732	659	581	529
132	1300	1170	1059	974	114	790	711	623	567
148	1450	1305	1185	1087	123	857	771	665	604
165	1580	1422	1298	1190	132	895	805	703	637
181	1692	1523	1396	1279	148	953	858	773	702
198	1780	1602	1471	1354	165	1027	924	853	759
220	1875	1687	1551	1476	181	1192	1073	895	815
242	1940	1746	1607	1497	198	1149	1034	960	871
275	2000	1800	1654	1518	198+ (SHW)	1260	1134	1012	918
308	2040	1836	1728	1594					
SHW	2085	1876	1748	1614					

*M – Master

*Totals below those posted above are considered Amateur Classification totals.

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FLEX LEWIS CLASSIC Champion of Champions 2 OFFICIAL ENTRY FORM

Embassy Suites 1200 Conference Center Blvd., Murfreesboro, TN 37129

October 7, 2017

pressfitnessipa@gmail.com

Bobby Betts/Phone: 931-255-1008

<input type="checkbox"/> FULL POWER	<input type="checkbox"/> MAN	<input type="checkbox"/> AMATEUR	<input type="checkbox"/> RAW
<input type="checkbox"/> BENCH/DEADLIFT	<input type="checkbox"/> WOMAN	<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> EQUIPPED
<input type="checkbox"/> PUSH/PULL			
<input type="checkbox"/> Open Men's	<input type="checkbox"/> Teen (age)	<input type="checkbox"/> Junior	<input type="checkbox"/> Submaster
<input type="checkbox"/> Open Women	<input type="checkbox"/> Master (age)	<input type="checkbox"/> Police	
Weight Class _____		IPA Expiration Date _____	

OTHER FEES: Entry Fee: Full Power \$150, Push/Pull \$120, Bench-Deadlift-Squat Only \$100, All Crossovers \$70.

Spectator Fees: Pre-Judge/Expo Ticket Price (Flex Lewis Classic)

Name: _____ Age _____ Birth Date _____

Street address: _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

PAYMENT CHOICE: Check Money Order Credit Card

Visa Mastercard

Cardholder Name: _____ Card Number: _____

Cardholder Street Address: _____

City: _____ State: _____ Zip: _____

Exp. Month/Year: _____ 3-Digit CVC2 Security Number: _____

Payment must accompany entry form. Mailed entries must be postmarked by 9/15/17. No personal checks will be accepted after 9/15/17. Please make checks payable to: Bobby Betts and mail to: 3396 S. Grundy Quarles Hwy., Gainesboro, TN 38562

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), Bobby Betts, Meet Director, Press Fitness, Chaillet's Private Fitness, Inc., 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 Bobby Betts and Press Fitness.

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 _____ Date _____
is under 21 years of age.