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**OCTOBER 12th 2019**

**WHERE:**

**Saint Stanislas PNC Youth Center –** 530 East Elm St., Scranton, PA 18505

**TIME:**

**9:00 AM** -Check-In
**11:00 PM** - Pre-Judging
**3:00 PM** - Night Show

ENTRY FEE:

Early Bird Sign Up Special:
Amateur $45.00 with $30.00 crossover fee to other classes. PRO $125.

Early Bird Special ends 10-05-2019.
After that Amateur $60.00 with a crossover fee of $40.00. PRO $175.

MONEY ORDERS ONLY! NO PERSONAL CHECKS!

There no refunds on entry.

TRAINERS PASS - $40.00

REGISTRATION:

There is online registration at nepanatural.com or
Send money order and entry form to:
Vince Cardamone - 623 Delaware Street, Scranton PA, 18509

**DRUG TESTING AND URINALYSIS!**

Included in entry fee- this is a drug-tested contest and urinalysis is the testing method. The USBF has adopted the IOC’s Anabolic Steroid Banned Substance List that includes related substances such as Andro (converts to testosterone) and 19-Nor (converts to Nandrolone). The fact that a substance is sold over-the-counter does not automatically make it acceptable for drug tested competition. As a competitor that chooses to compete in drug-tested competition, you are responsible for being knowledgeable about the supplements that you consume. Promoter has the right to randomly test anyone who is believed to be not drug free along with the winners of the show. We will polygraph.

**OFFICIAL SHOW SPRAY TANNER**Elan Hair and Nail Studio – 570-562-3526 - Cassie

**OFFICIAL SHOW PHOTOGRAPHER**Rick Abt – rickabt@verizon.net

**ELIGIBILITY:**

Open to all amateur athletes who hold a USBF or NBI card.
Cards can be obtained **ONLINE.**

**MUSIC:**

**ALERT!!! MUSIC MUST BE ON CD ONLY!!! –** Music must be pre-set and a maximum of 90 seconds. Please have your CD labeled. PRO will have up to 3 minutes for their routine. Their routine will count towards their overall score. Props are allowed.

**AWARDS:**

Top Five competitors in each class and best poser (men's and women’s) will receive a trophy. Each competitor will receive a goodie bag and T-shirt.

**TICKETS:**

Tickets available at the door from the promoter or online: **nepanatural.com**.

**PRE-JUDGING -** $10.00
**NIGHT SHOW -** $15.00
**COMBO -** $20.00
**CHILDREN UNDER 12** **-** $5.00

**HOTEL ACCOMODATIONS:**

Four Points by Sheraton, Scranton
300 Meadow Avenue
Scranton PA 18505
570-344-9811

Friday Rate - $105.00
Saturday Rate $105.00
Includes Breakfast

- MUST MENTION “NEPA NATURAL BODYBUILDING SHOW” WHEN REGISTERING - TO GET DISCOUNTED RATE!!

**CONTACT INFORMATION:**
Vince Cardamone at (570) 780-7111
Email: nepanatural@gmail.comWebsite: [nepanatural.com](http://www.nepanatural.com)

**CLASSES:**

Please check the division & weight class:

\_\_\_ Men’s Teens (16-19)

\_\_\_ Men’s Juniors (20-23)

\_\_\_ Men’s Novice

Men’s Open (5 Classes) Men’s Masters

\_\_\_ Men’s Bantam Weight (under 145) \_\_\_ Men’s Masters 35+

\_\_\_ Men’s Light (under 155) \_\_\_ Men’s Masters 40+

\_\_\_ Men’s Middle (155-175) \_\_\_ Men’s Masters 50+

\_\_\_ Men’s Light Heavy (175-190) \_\_\_ Men’s Masters 60+

\_\_\_ Men’s Heavy (190 and over) \_\_\_ Men’s Masters 70+

Men’s Masters Pro

Women’s Master Bodybuilder Women’s Bodybuilder Novice

\_\_\_ Women’s Masters 34-44 \_\_\_ Women’s Novice

\_\_\_ Women’s Masters 45+

Women’s Bodybuilder Open Women’s Figure Masters

\_\_\_ Women’s Light (under 112) \_\_\_ Women’s Figure Masters (35+)

\_\_\_ Women’s Middle (112-121) \_\_\_ Women’s Figure Masters (40+)

\_\_\_ Women’s Heavy (122+) \_\_\_ Women’s Figure Masters (50+)

Bikini

\_\_\_Open Bikini \_\_\_ Classic Bikini

\_\_\_ Bikini Debut \_\_\_ Bikini Junior (23 and under)

\_\_\_ Bikini Novice \_\_\_ Bikini (35+, 40+, 45+)

Women’s Figure Open Female Physique

\_\_\_ Women’ Figure Open \_\_\_ Female Physique Open

\_\_\_ Women’s Figure Debut \_\_\_ Female Physique Debut

\_\_\_ Women’s Figure Novice \_\_\_ Female Physique Novice

\_\_\_ Women’s Figure Junior (23 and under) \_\_\_ Female Physique (35+)

Men’s Physique

\_\_\_ Men’s Physique Open \_\_\_ Men’s Physique Classic \_\_\_ Men’s Physique Debut

\_\_\_ Men’s Physique Novice \_\_\_ Men’s Physique (35+, 40+, 45+, 50+)
\_\_\_ Men’s Physique PRO

ENTRY FEE:

\_\_\_ MASTERS CLASS $45.00

\_\_\_ AMATEUR ENTRY $45.00

\_\_\_ COACH PASS $20.00

\_\_\_ ADULT ADVANCE: ALL DAY $20.00

\_\_\_ CROSSOVER INTO ANOTHER CLASS $30.00

\_\_\_CHILDREN 12 AND UNDER $5.00
\_\_\_ PRO Men’s Physique $125.00
\_\_\_ Women’s Figure PRO $115.00
\_\_\_ Pro Men’s Masters $125.00

Novice = never placed 1st in a class Debut = First time showing

TOTAL AMOUNT ENCLOSED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENTRY FORM**

(Please Print Clearly)

Send To: Vince Cardamone, 623 Delaware Street, Scranton, PA. 18509

CLASS ENTERING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USBF/ NBI Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_

**NEPA Natural Information Form**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_

AGE \_\_\_\_\_\_ HEIGHT \_\_\_\_\_\_\_\_\_\_ WEIGHT \_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.com

HOBBIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SPECIAL THANKS TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RELEASE**

I acknowledge that athletic event is an extreme test of a person' physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by the terrain, the facilities, temperature, weather, condition of athletes, spectator, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize liability may arise from negligence, carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used in the event holders, sponsors, organizers, in which I may participate and that it will govern my actions and responsibilities at said event. In consideration of my application and permitting me to participate in this event, I hereby take actions for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property thefts or actions of any kind which might hereafter accrue to me including my traveling to and from this event, the following entities or persons: Their directors, officers, employees, representatives, and agents, the event holders, event sponsors, event volunteers; (B) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liability or claims made as result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury accident or illness during this event. I understand that at this event or related activities, I may be photographed. I hereby agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. I understand that this is a drug-tested contest and agree to submit to any testing method approved by the contest promoter. I also agree to accept, without challenge, the results of such drug tests. Unless in the case of inconclusive results, I understand agree that the preliminary results are final. The accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand its contents.

Print Participants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_ Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under 18 years old, Parent or guardian must also sign)

**PARENT GUARDIAN WAIVER FOR MINORS**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_