

# 1<sup>st</sup> Annual USPF Scary Strong Powerlifting Meet

United States Powerlifting Federation (Sanctioned/USPF Rules)

Supporting Operation Underground Railroad

**Saturday, October 30 2021 ~ 0930 am**

Full Power ~ SL Bench Press ~ SL Deadlift ~ Push Pull

Raw AND Geared Division 1



**LOCATION: Crossfit Sierra Vista**

999 E Fry Blvd #310, Sierra Vista, AZ

Mail Entries to:  
Kristina Thoman  
6471 S Jaxel Road  
Hereford Az 85615

Or email them to [KMTHOMA75@gmail.com](mailto:KMTHOMA75@gmail.com) with a VENMO payment Kristina Thoma  
@Kristina-Thoman

Questions [Kmithoma75@gmail.com](mailto:Kmithoma75@gmail.com) /or (720) 837-8910

Website [www.USPFtheLegend.com](http://www.USPFtheLegend.com)

**WEIGH INS: No Entries accepted Saturday.**

Friday Evening: 7:00 pm – 9:00 pm. *Equipment check, so bring it with you.*

Saturday Morning: 8:30 am - 9:00 am. *Equipment check, so bring it with you.*

**RULES BRIEF:** 8:00 am.

**WARM UPS:** 8:30 am – 09:30 am. Meet starts at approximately 09:30 am.

**DIVISIONS:** Open (13 Years of Age or Older), Junior, Sub-Master, Master.

**ELGIBILITY:** You **MUST** have a valid USPF Card. They will be available to purchase at Weigh-Ins.  
Cost is \$30 per card or \$15 for high school students with a valid school picture ID.

**GEARED:** Single Ply Lifting Suit or Singlet and T-Shirt for Squat and Deadlift, T-Shirt or Single Ply Bench Shirt for Bench Press, and Shoes. **KNEE High Socks Must Be Worn on Deadlift.**  
Knee Wraps and Belt Optional. **No** Wrist Straps, Gloves, Elbow Wraps or Tape allowed.

**RAW:** Loose Fitting Non-Supportive Lifting Suit or Singlet, Shoes, and T-Shirt Required on All 3Lifts, Belt and Knee Sleeves Optional, **KNEE High Socks Must Be Worn on Deadlift.**  
Knee Wraps, Wrist Straps, Gloves, Elbow Wraps, Tape or Supportive Gear are not allowed.

**ALL GEAR WORN OR USED SHALL COMPLY WITH THE USPF RULES.**

**Any Violation Will Negate Your Lift or Disqualify You from Lifting.**

**FEES:** Check, Money Order or VENMO must accompany Entry. Entries turned in at Weigh-Ins may be paid with the exact amount of cash.

**American Record Certificates**: You MUST inform the Head Ref and Scorekeeper before your attempt is made. Your Record Application must be signed by the Referees. All Applications are available online at [wwwUSPFtheLegend.com](http://www.USPFtheLegend.com).

**USPF Records Database:** [www.USPFtheLegend.com](http://www.USPFtheLegend.com)

**\*\*\*\* Ammonia Snaps cannot be used near or on the platform. You must dispose of them upon use. Baby Powder is illegal/Pool Chalk is allowed. Swearing near or on the platform will negate your lift or may disqualify you from lifting. Intentionally throwing, slamming or dropping the bar is illegal and will negate your lift.**



**RELEASE OF CLAIMS**

I do hereby **waive, release and discharge** any & all claims for personal injury, death or property damage or loss which may have or may hereafter accrue, before or after the meet, as a result of traveling to or participation in the above said activity. I understand that this activity involves an element of risk and danger.

I hereby assume these risks and danger to be binding on my heirs and assigns. I hereby agree to indemnity and hold the United States Powerlifting Federation, Crossfit Sierra Vista & Robert Osbourne, Staff, Workers, Officials, Volunteers, other Lifters, Spectators, Etc. **free** and **harmless** from any loss, liability, damage, cost of expense which may incur as a result of death, any, injury, or property damage or loss I may sustain while participating in said activity or in facility.

I agree to pay any attorney fees and litigation expenses incurred by any person, real or corporate, whom I may sue in an effort to challenge this Release of Claims. I understand that my agreement to pay attorney fees and litigation expenses is the *sine qua non* for the acceptance of my entry in this contest or my participation in this competition. If any provision of this Release of Claims shall be deemed by a court of competent jurisdiction to be invalid, the remainder of this Release of Claims shall remain in full force and effect. I also certify with my signature that this Release of Claims cannot be modified orally.

**I have carefully read this RELEASE OF CLAIMS and fully understand the contents. I certify that I am physically fit to participate with NO Life Threatening Medical Problems. I have read and signed this RELEASE on my own free will.**

**Lifter Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MINORS ~ Parent/Guardian please sign.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address/City** \_\_\_\_\_

**Emergency Phone # ( \_\_\_\_\_ )** \_\_\_\_\_