

CrossFit Monrovia Lab Rat Open Weightlifting Competition

Official Entry Form

Entry Fee: \$10.00. Please make checks payable to *CrossFit Monrovia*

Please enter me in the CrossFit Monrovia Lab Rat Open to be held on January 22, 2011 at CrossFit Monrovia in Monrovia, CA. I certify that I am a USA Weightlifting member in good standing. In consideration of my entry in the competition, I do hereby waive, and release USA Weightlifting and CrossFit Monrovia and their respective directors, officers, officials, agents and competition personnel, hereinafter known as the "Organizers," from any and all causes of action, loss, liability, claims and demands of every kind and nature, which I or my heirs or personal representatives may have for bodily injury, for expenses of medical treatment, hospitalization, and other care rendered to me in the event of my injury or illness, or for any and all other costs, damages or losses suffered or incurred by me or occasioned to me in connection with my travel to and from, and my participation in, the competition and related activities.

I agree to be filmed and photographed under conditions approved and authorized by USA Weightlifting and the Organizers, to include the use of my name, biographical information, public appearances, interviews, photographs, portrait and motion pictures and television recordings of my weightlifting performance and grant to USA Weightlifting and Organizers the non-exclusive right in perpetuity to record and make use of the same, and to authorize others to do so, in any and all medium, anywhere in the world, to promote the competition, CrossFit Monrovia, and the success of the weightlifting team on which I compete, to promote the image of USA Weightlifting, its sponsors and advertisers, and the sport of weightlifting, and to fund the activities of the USA Weightlifting.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the program. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation. I (and my parent or guardian, if I am a minor), agree that the Organizers and its agents, including competition personnel, may make judgments (with appropriate input from available medical personnel), as to my treatment, hospitalization or other medical care in the event of my illness or accidental injury in connection with my participation in the competition, should I be disabled or incompetent to make necessary and appropriate decisions concerning such treatment, hospitalization or other care. I authorize the Organizers, its agents and competition personnel to make such decisions for me as though they stood in a relationship to me of parent, guardian or next of kin should circumstances require the Organizers, its agents and competition personnel to make such judgments, and my next of kin cannot be timely and conveniently contacted to participate in the making of such judgments.

I hereby release and agree to hold the Organizers, its agents and competition personnel harmless from all expenses, causes of action, liability, claims and demands arising from judgments made by the Organizers, its agents and competition personnel concerning my treatment, hospitalization and medical care in the event of my illness, injury or other emergent circumstances in connection with the competition.

I (and my parent or guardian, if I am a minor), agree that I will be financially responsible for treatment, hospitalization and other medical care rendered to me in the event of my illness, injury or other emergency circumstances in connection with the competition, except to the extent my injuries and medical expenses, if any, are covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies maintained by the Organizers for my benefit, in which event I will nevertheless continue to be financially responsible for expenses of treatment, hospitalization and other medical care in excess of such policies' limits.

Athlete Signature: _____ Date: _____

Printed Athlete Name: _____

If athlete under 18 at time of event, Parent/Guardian must sign:

Parent/Guardian: _____ Date: _____

Printed Parent Name: _____

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PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Weight Class: _____ **Kg** (You Can Only Enter One)

Male Female

Name _____ Usaw # : _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Emergency Contact Name _____

Emergency Contact Phone (_____) _____

Age You Will Be At The Competition: _____ Dob: _____

Coach: _____ Coach's Usaw # _____

USAW Club Affiliation _____ Club#: _____

Athlete's Signature: _____ Date: _____

ATHLETES UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SECTION COMPLETED BY A PARENT OR GUARDIAN

I have explained to my son/daughter the aforementioned releases and conditions and their ramifications and I further consent to his/her registration for this USA Weightlifting activity under the above stipulated conditions.

Parent/Guardian: _____ Date: _____

Printed Parent Name: _____

**IF YOU ARE UNDER 18 YEARS AND YOU HAVE FAILED TO HAVE YOUR PARENT OR GUARDIAN SIGN
THIS RELEASE, YOU WILL NOT BE PERMITTED TO COMPETE AT THIS EVENT.**