

# 2009 HUDSON NATURAL OPEN

(SANCTIONED BY U.S.A.POWERLIFTING)

**DATE:** October 31, 2009

**SITE:** Hudson House Inn (Best Western Hotel)  
1616 Crestview Drive  
Hudson, Wisconsin 54016 715-386-2394

**Schedule:** 7:30A.M. to 9.A.M. weigh-ins and equipment check for all Women, all Teen, all Master Men and all RAW lifters. First session lifting begins at 9:30 A.M.

Weigh-in and equipment check for all others to be from 10:30 A.M. to 12:00 P.M. 2<sup>nd</sup> session lifting to begin at 1230 PM. **NOTE:** Weigh in time may vary from scheduled start time for 2<sup>nd</sup> session, depending on the number of lifters in first session.

**Classes:** Women, Master Women, Master Men, Teen and all Raw by formula. Open division by weight classes.

**Eligibility:** All U.S.A. Powerlifting card holding members who have not used strength inducing drugs in the last 2 years (24 months), and prescription diuretics or banned stimulants in the 7 days prior to the contest. Membership cards will be available for purchase at the meet. **NOTE:** High school lifters must purchase a **full year** membership.

**This is a drug tested meet! Be careful what you ingest! Some supplements can cause drug test failures. Only IPF approved gear will be allowed.**

**Entry Fee:** \$50.00 first division, \$30.00 each additional division  
(NO REFUNDS)

**T-shirts:** \$13.00 ( T-shirts will not be sold at the meet)

## Make checks

**Payable to: Shawn Cain**

**Mail to: 1040 192Ave  
New Richmond, WI 54017**

**Phone:** 715-246-9363 or 715-246-3560 or 715-381-8078 ( Please....No calls after 8:00p.m.)

**Email:** mmagic@pressenter.com

**Entry Deadline:** This meet will be limited to the first 60 entries received. Deadline is either October 17<sup>th</sup>, or when the first 60 entries are received.

**Awards:** Awards will be given to the first three place finishers in each division. Teen, Women, Raw and Masters by formula, and Men's Open classes by weight class.

The meet site for this competition is the Hudson House Inn, Best Western Hotel. It is located on the south side of I-94 just north of Fleet Farm. Take Exit 2 off of I-94 and turn to the south onto Crestview Drive. If you are planning on staying at the hotel, please tell them you are there for the meet. ( discounted room rates). The Hudson House is a very nice hotel with a sauna, pool, whirlpool, restaurant and bar.

# HUDSON NATURAL OPEN

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Weight Class \_\_\_\_\_ Membership Card # \_\_\_\_\_  
Email address \_\_\_\_\_ (optional)

Divisions entered: (circle)

Men's Open   Women's Open   Teen/male   Teen/femaleRaw  
Master Men 40-49   Master Men 50+   Master Women

T-shirts: must be ordered with your entry

Size \_\_\_\_\_ Number that you want \_\_\_\_\_

When were you last tested? \_\_\_\_\_  
If previously tested, where were you tested? \_\_\_\_\_

I hereby give my word of honor as an athlete that I have not used any strength inducing drugs (I.e. any anabolic , or natural hormone) as part of my training during the past 24 months, or any prohibited stimulants or diuretics in the past 7 days prior to the contest.

\_\_\_\_\_  
( signature of contestant)

## RELEASE FROM LIABILITY

**READ THIS RELEASE CAREFULLY. WHEN YOU SIGN IT, YOU WILL BE GIVING UP IMPORTANT RIGHTS.**

In consideration of the acceptance of my entry blank in this powerlifting competition, I intend to be legally bound for not only myself, but also my heirs, my executors, and my administrators. In signing this release from liability, I waive and release everyone connected with this competition from any and all liability which my arise from this competition.

Moreover, I agree that any testing method which the meet directors and the sponsors of the meet use to detect the presence of strength inducing drugs SHALL BE CONCLUSIVE. That is whatever I think the results of the tests are right or wrong, I agree that I have no right to Challenge the results of the tests. I future agree to submit to any physical tests, which my be necessary to complete the drug testing. Should I fail to pass the drug test, I agree to waive any claim, which might arise under state law for defamation , slander, or liable, or any other claim for which legal relief is available.

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 from liability. I understand that my agreement to pay attorney fees and litigation expenses is the sine que non for the acceptance of my entry in this contest.

\_\_\_\_\_  
Signature of contestant

\_\_\_\_\_  
Signature of parent or guardian if applicant is under 18 years old

Application must be filled out , signed and have entry received to be considered an entrant into this competition.