

2010 LHSPLA SOUTH REGIONAL POWERLIFTING CHAMPIONSHIP MEET WAIVER COMPLETE THIS FORM IN INK

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____

PHONE: (_____) _____ SCHOOL: _____

CLASSIFICATION: _____ GRADE: _____ SEX: M _____ F _____

COACH: _____

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I HEREBY FOR MYSELF AND MY HEIRS, RELEASE ALL RIGHTS, CLAIMS FOR DAMAGES AND INJURIES I MAY HAVE AGAINST POPE JOHN PAUL HIGH SCHOOL, THE LHSPLA, DANIEL HANLON AND ALL OTHER MEET DIRECTORS AND STAFF. INCLUDING ANY AND ALL OTHER PARTICIPATING SPONSORS, SUPPORTERS, JUDGES AND OR OFFICIALS, SPOTTERS AND LOADERS AS A RESULT OF MY PARTICIPATING IN THE ABOVE LISTED COMPETITION. I MAKE THIS RELEASE AND WAIVER OF CLAIM WITH THE FULL KNOWLEDGE OF THE HAZARDS AND INHERENT RIGHTS ASSOCIATED WITH THE ABOVE COMPETITION. I HEREBY ASSUME THE RISK OF INJURY AND PROPERTY DAMAGE LOSS.

BY SIGNING THIS WAIVER, I UNDERSTAND THAT THE LHSPLA MAY PUBLISH MY NAME AND/OR STANDING AT ITS DISCRETION AND I HEREBY RELEASE IT FROM ANY LIABILITY OR CLAIMS FOR ANY SUCH PUBLICATION AND/OR IDENTIFICATION. I UNDERSTAND THAT STUDENT RESULTS WILL BE IDENTIFIED BY FIRST NAME, OR FIRST NAME AND FIRST INITIAL OF THE LAST NAME AND THE NAME OF THEIR SCHOOL.

_____ POST MY RESULTS ON THE LHSPLA WEB SITE.

_____ DO NOT POST MY RESULTS ON THE LHSPLA WEB SITE.

USE AN INK PEN WHEN COMPLETING THIS DOCUMENT

SIGNED: _____ DATE: _____

PARENT OR GUARDIAN: _____ DATE: _____

COACH'S SIGNATURE: _____ DATE: _____

ALL LIFTERS MUST SECURE SIGNATURE OF PARENT/GUARDIAN