

Clash of the Teens Bench Press Contest

Name and age: _____ M or F

Adult Shirt Size (please circle): S M L XL XXL XXXL
(Additional shirts may be purchased when registering for \$20 per shirt)

Phone# and e-mail (for parent): _____

Any health conditions of which we need to be aware: such as asthma, hypoglycemia, diabetes, or anything that could impair their ability to compete? _____

If so, we will need a release from your PCP.

Waiver of Liability:

- **You are engaging in physical activity or exercise at your own risk and assume responsibility for any risk involved in doing so.**
- **We recommend that you consult a physician before competing in any physical contest. Not doing so may heighten your risks for injury or health concerns.**
- **This waiver includes, without limitation, all injuries which may occur, regardless of negligence, as a result of use of any and all equipment in the facility; the unforeseen malfunctioning of any equipment; any slipping or falling while in the facility or on the adjacent premises.**
- **By signing this waiver, you agree that you have read and understood that this is a waiver of liability and you assume all risk for your activity here.**

Signature Of Parent or Guardian: _____

Lift attempts: 1st: _____ 2nd: _____ 3rd: _____
(Do NOT fill in until the day of the meet)