



Sanctioned from 100% RAW Powerlifting Federation, BMF Sports invites you  
**FIRST ANNUAL HOLIDAY CASH BENCH BASH**

**Meet Director:** Shawn Lyte, 730 W. Lake Street, #210, Chicago, IL 60661

**Host City:** Chicago, IL

**Date:** Saturday, December 10, 2005

**Venue:** Irving Park YMCA – 4251 W. Irving Park Road – Chicago, IL 60641 - 773-777-7500

**Time:** Doors open – 10:15 am; Lift-off – 11:05 a.m.

**Technical Meeting:** Saturday, December 10, 2005; 10:15 a.m.

**Scales:** Scale available at Irving Park YMCA.

**Arrivals/Transportation:** Street parking is available. Please call Irving Park YMCA at 773-777-7500 for lot parking information.

**Identification:** Photo Identification is necessary for security, to verify every lifter's entry information, and to help validate drug testing. Acceptable identification includes driver's license, state ID, school ID, passport. Work ID badges and recreational/social club ID's are not acceptable.

**Federation Membership Fee:** \$25 annual membership fee for each lifter WILL BE WAIVED, but new members must still complete a membership form along with the event entry form. All lifters are expected to produce photo identification and 100% Raw Powerlifting Federation membership cards prior to weigh-ins. If lifters are picking up their membership cards at the event, they should do so before weighing in.

**Entry Fee:** \$55 for each declared lifter must be paid by Tuesday, November 30, 2005. Adult Power Division entries are only \$45 if paid before November 15, 2005. Individual discounts are available if entering as a team of 5 or more. Please call 312-330-8076 for details.

**Correspondence (email preferred):** Correspondence regarding 100% Raw Powerlifting Federation Illinois events must be sent to the State Chairman; [rawlifting@bmf sports.com](mailto:rawlifting@bmf sports.com) or snail mail to Shawn Lyte c/o BMF Sports, 730 W. Lake Street, #210, Chicago, IL 60661.

#### **Provisional Timetable for Holiday Cash Bench Bash 2005**

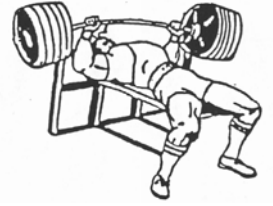
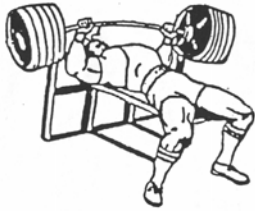
Day	Weigh-in time	Division	Start competition
Saturday, December 10, 2005	9:00 a.m.	Power & Reps	11:05 a.m.

**Please note:** Changes of the timetable are possible by amount of lifters registered by November 30, 2005

**Victory Presentations:** Upon completion of competition.

Paul Bossi  
President

Shawn "Bud" Lyte  
Illinois State Chairman



**Powerlifting Federation**  
[www.rawpowerlifting.com](http://www.rawpowerlifting.com)

**1<sup>st</sup> Annual HOLIDAY CASH BENCH BASH**  
**Saturday, December 10, 2005**  
**Irving Park YMCA - 4251 W. Irving Park Rd. - Chicago, IL 60641**

Meet Director: Shawn Lyte 312-494-5865 or E-mail [rawlifting@bmf sports.com](mailto:rawlifting@bmf sports.com)

**PLEASE PRINT:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_ SEX: M  F   
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_  
 DAY PHONE: \_\_\_\_\_ NIGHT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 BODY WEIGHT: \_\_\_\_\_ lb **RAW CARD NUMBER:** \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

**MEMBER OF WHAT GYM / FITNESS CENTER / YMCA OR OTHER:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_

**CIRCLE WEIGHT CLASS:**

<b>WOMEN</b>	66	77	88	97	105	114	123	132	148	165	181	198	198+					
<b>MEN</b>	66	77	88	97	105	114	123	132	148	165	181	198	220	242	275	308	SHW	

**DIVISIONS (CHECK AS MANY AS YOU WANT TO ENTER): Each Division has all weight classes.**

**YOUTH 11 & UNDER:**  **TEEN:** 12-13  14-15  16-17  18-19  **JUNIOR:** 20-24   
**MASTERS:** 40-44  45-49  50-54  55-59  60-64  65-69  70-74  75-79  80-84   
**OPEN: (ALL AGES)**  **LAW / FIRE / MILITARY:**  **SUB MASTERS:** 35-39

**T-SHIRT:** S  x \_\_\_\_\_ M  x \_\_\_\_\_ L  x \_\_\_\_\_ XL  x \_\_\_\_\_ 2XL  x \_\_\_\_\_ 3XL  x \_\_\_\_\_

Event t-shirts are only \$15 each when ordered along with event registration. You can order as many as you like.

**ALL ENTRIES ARE DUE BY NOVEMBER 30, 2005. \*\* ENTRIES WILL NOT BE ACCEPTED AT THE EVENT. \*\***

**Power Division** \$55 = \_\_\_\_\_  
**Reps Division** \$40 = \_\_\_\_\_  
**Youth & Teen** \$35 = \_\_\_\_\_  
**CROSSOVERS:** # OF CROSSOVERS \_\_\_\_\_ x \$30 = \_\_\_\_\_  
**T-Shirt** (Order deadline 11/ 30/05) Qty. \_\_\_\_\_ x \$15 = \_\_\_\_\_  
**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

MAKE CHECK OR MONEY ORDER  
 PAYABLE TO MEET DIRECTOR:

**Shawn Lyte**  
**730 W. Lake Street, #210**  
**Chicago, IL 60661**

**Weigh-Ins & Drug Testing: Irving Park YMCA**  
 Saturday, December 10<sup>th</sup>, 9:00 am

**Lifting Starts: 11:05am**  
**Sharp**

Pay online with **Paypal** to  
[paypal@bmf sports.com](mailto:paypal@bmf sports.com)

**Rules Meeting:** December 10<sup>th</sup>, 10:15 am

**Awards Presentation After**  
**Reps Division.**



[www.bmf nutrition.com](http://www.bmf nutrition.com)



[www.absolutepowerwear.com](http://www.absolutepowerwear.com)



[www.prowriststraps.com](http://www.prowriststraps.com)

**ATHLETES MUST COMPLETE AND SIGN THE RAW RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND THE PARENTAL CONSENT AGREEMENT ("AGREEMENT")**

**Release, Waiver of Liability, Assumption of Risk, Indemnity, and parental Consent Agreement ("agreement")**

In consideration of being permitted to participate in a 100% RAW ("activity") I, my personal representatives, assigned heirs and next to kin:

1. **ACKNOWLEDGES**, agree, and represent that I understand the nature of the activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe; I will immediately discontinue further participation in the activity.

2. **FULLY UNDERSTAND** that: (a) **ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks")**: (b) these Risks and dangers may be caused by my own actions or in actions of others participating in the activity, the condition in which the activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW**: there may be **OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time: and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation or that of the minor in the activity.

3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the 100% RAW Powerlifting Federation, Shawn Lyte, related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, and any other party indemnified and held harmless by the 100% RAW, (each considered one of the "RELEASEES" herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE** that if, despite this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I**, or anyone on my behalf, makes a claim against any of the Release's, **I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES** from any litigation expense, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

**4. Drug Testing Statement, Agreement, & Release of Liability**

I give my word as an athlete that I have not utilized any type of strength-including chemicals (anabolic steroids, growth hormone, etc.) for the past five years (**December 10, 2000 to December 10, 2005**)

**In consideration of the acceptance of this entry, I agree to any test method deemed necessary by the meet director(s) and that the results of said testing method which the meet director and/or sponsors of this meet use to detect the presence of the strength inducing drugs may be released to any third party(ies) and I generally and specifically waive any right to privacy if any, related thereto.**

I hereby waive and release, intending to be legally bound for myself, my executors, administrators, and heirs, all rights and claims for damages I may have against Shawn Lyte, [HOST FACILITY], and all parties associated with the **2005 "100% RAW" HOLIDAY CASH BENCH BASH** as a result of testing positive for the utilization of strength-inducing chemicals.

**My entry into the 2005 "100% RAW" HOLIDAY CASH BENCH BASH constitutes my consent to the testing procedures; and, if any such results test positive, I understand that I shall be disqualified form the pertinent competition and suspended for a period to be fixed by the meet director(s).**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed name of participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's signature (only if age 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_

**Minor's RELEASE**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE. I THE MINOR OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAME ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed name of parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Parent/guardian signature (only if participant is under the age of 18): \_\_\_\_\_ Date: \_\_\_\_\_