



SOUTH AUSTRALIAN POWERLIFTING ASSOCIATION INC

2010 MEMBERSHIP APPLICATION FORM

New Member (please tick) Yes No (If no) Allocated S.A.P.A. Registration No.....

Surname.....Given Names.....

Male Female Date of Birth.....

Mailing Address

Street.....Suburb.....

Telephone (Home).....(Work).....(Mobile).....

Training Venue.....Name of Coach.....

Membership Type (Tick one box only)

- | | |
|--------------------------------|---|
| Lifter (Senior) | <input type="checkbox"/> \$60.00 |
| Lifter (Junior U/18) | <input type="checkbox"/> \$30.00 |
| Lifter (Pensioner/Conc) | <input type="checkbox"/> \$30.00 |
| Non Lifter | <input type="checkbox"/> \$25.00 |
| Referee Only | <input type="checkbox"/> \$10.00 |
| Life Member | <input type="checkbox"/> No Fee |

I hereby agree/disagree with the publication of my photograph via various media (newspaper, television, internet).

I hereby agree to abide by the constitution and bylaws of the South Australian Powerlifting Association Incorporated if accepted as a member.

S.A.P.A. BY LAW STATES: Any lifter who intentionally competes in any sporting event sanctioned by any person or body which does not adhere to the drug free concept or does not adopt all schedules of the International Olympic Committee Banned substance list or is not recognized by this Association, shall be liable to suspension of Membership to this Association and all rights and benefits which accrue to such Membership

I also agree to the information provided to be used by the South Australian Powerlifting Association Incorporated for the purpose of maintaining my membership and is not disclosed to any other persons or party. I may gain access to my information by contacting the Administration Officer.

Applicant's Signature.....**Today's Date**...../...../.....

Parent or Guardian Signature (U/18).....**Today's Date**...../...../.....

SEND COMPLETED APPLICATION FORM ALONG WITH FEE TO:

S.A.P.A. Administration Officer
PO Box 176
Modbury North SA 5092

Telephone (08) 8395 1315
Cheques to be made payable to S.A.P.A. Inc.
ABN 99970184919

RELEASE FROM LIABILITY and CONSENT TO DRUG TEST:

NOTE: (Please read this release very carefully as when you sign it, you will be giving up important legal rights)

In consideration of the acceptance of my entry form Drug Free Powerlifting Australia Pty Ltd competitions, I intend to be legally bound for not only myself, but also my heirs, executors and my administrators.

Additionally, I understand that Powerlifting is an inherently hazardous activity and that participation in this sport exposes me to the risk of injury or death. I further understand that NEITHER the DFPA Pty Ltd. NOR the W.D.F.P.F. will reimburse me for, or coverage of any medical expenses incurred by me as a result of injuries that I might sustain, training for, traveling to or from, or participating in the competition.

In signing this release from liability, I waive and release anyone connected with this competition; i.e. the meet directors, Drug Free Powerlifting Australia Pty Ltd or it's State affiliated bodies, the championships sponsors and staff, the World Drug-Free Powerlifting Federation (WDFPF), the contest facilities or any persons associated with the competition from any and all liability, including any results of negligence which may arise from this competition. Moreover, I agree that any testing method selected by W.D.F.P.F. &.D.F.P.A. Pty Ltd. recognized testing officers may be applied to detect the presence of drugs, as listed on the World Anti-Doping Agency (WADA) banned substances list which SHALL BE CONCLUSIVE. I agree to co-operate fully with all required IOC & WADA sampling and testing procedures. This includes any testing procedures that may be considered necessary prior to or after this event.

Should I fail to pass the drug testing procedures, I agree to forfeit any trophy, award, record or placing which I won during the championships and I also forfeit any previous trophy, award, record or placing should the offence be deemed serious enough, according to DFPA Pty Ltd & WDFPF rules, to warrant such an action. I understand and agree that if I fail to pass the drug testing process, my name will appear on a published list of suspended members. If determined that I failed the drug test, I agree to waive any claim for which legal relief is available. I also agree to waive any claim that might arise under state, national or international law for defamation, slander, libel, or any other claim for which legal relief is available.

I understand that my agreement to pay attorney fees and litigation expenses is the SINE QUA NON for acceptance of my entry in this championship. If any provision of this Release From Liability shall be deemed by a court of competent jurisdiction to be invalid, the remainder of this Release from Liability shall remain in full force and effect. I also certify with my signature that this release/agreement cannot be modified orally.

Signature of athlete: _____ Date: _____

(If lifter is under 18 years of age, complete the following:)

Signature of parent/guardian: _____ Date: _____

Certification: I hereby give my word of honor as an athlete that I have not used any strength inducing drugs (I.e., any anabolic steroid, natural hormone or synthetic growth hormone) as part of my training during the past sixty months (five years), nor have I used or will I use prescription diuretics or psychomotor stimulants during the seven days prior to this competition.

Signature of athlete: _____ Date: _____