



Louisiana Governor's Council on
Physical Fitness and Sports

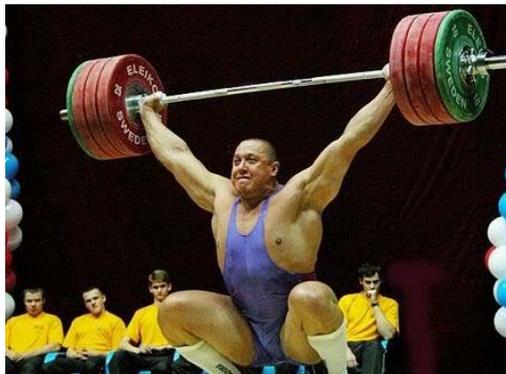
2015 LOUISIANA GOVERNOR'S GAMES WEIGHTLIFTING & PARA POWERLIFTING CHAMPIONSHIPS MARCH 21

LOCATION: LSU in Shreveport HPE Building, One University Place, Shreveport, LA 71115

| SCHEDULE: <u>Group</u> | <u>Weigh-in</u> | <u>Lift</u> |
|--|-----------------|-------------|
| Weightlifting 12 & Under | 7:00 AM | 9:00 AM |
| Weightlifting (Youth and Junior Men) | 8:30 AM | 10:30 PM |
| Para Powerlifting (All Categories) | 10:30 PM | 12:30 PM |
| Weightlifting (Women - Senior & Masters) | 12:00 PM | 2:00 PM |
| Weightlifting (Men - Senior & Masters) | 1:00 PM | 3:00 PM |

ORGANIZERS: LSUS Weightlifting Club, Louisiana Governor's Council on Physical Fitness and Sports, Shreveport/Bossier Sports Commission

FOR ADDITIONAL INFORMATION CONTACT: Kyle Pierce (kyle.pierce@lsus.edu)
or Karla Hernandez (leonkarlita8@hotmail.com)



**2015 LOUISIANA GOVERNOR'S GAMES
WEIGHTLIFTING CHAMPIONSHIPS
MARCH 21**

LOCATION: LSU in Shreveport HPE Building
One University Place
Shreveport, LA 71115
(318) 795-4241 - phone
(318) 797-4386 - fax
Kyle.pierce@lsus.edu

SANCTION NUMBER: 23-15-02

SANCTIONED BY: ARKLA LWC AND USA Weightlifting
Current IWF and USAW rules will be followed.

CATEGORIES: Men and Women: Age 12 & Under, Youth (Age 13 – 17), Junior (Age 15 – 20), Senior (Age 15+), and Masters (35+ with 5 year age categories). Youth and Junior lifters can only compete and lift for medals in the one category they choose.

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You will be notified by March 17 about the final schedule.

AWARDS: Medals will be awarded in each category.

T-SHIRTS: Will be given to all participants.

ENTRY FEE: \$30

MAIL ENTRY TO: Kyle Pierce, K&HS Dept., LSU in Shreveport, One University Place
Shreveport, LA 71115

OR

EMAIL ENTRY TO: Karla Hernandez (leonkarlita8@hotmail.com). Entry fee can be paid at the competition.

ORGANIZERS: LSUS Weightlifting Club, Louisiana Governor's Council on Physical Fitness and Sports, Shreveport/Bossier Sports Commission.

ENTRY DEADLINE: Please Contact Kyle Pierce by March 16 if you plan to compete.

OFFICIAL ENTRY:

Please enter me in the 2015 Louisiana Governor's Games Weightlifting Championships to be held on March 21, 2015 at the LSU in Shreveport HPE Building, One University Place, Shreveport, LA 71115. I certify that I am an amateur in good standing. In consideration of my entry in the competition, I do hereby waive, and release USA Weightlifting, LSU in Shreveport, Louisiana Governor's Games, ARKLA LWC, LSUS Weightlifting Club, Louisiana Governor's Council on Physical Fitness and Sports, Shreveport/Bossier Sports Commission and their respective directors, officers, officials, agents and competition personnel, hereinafter known as the "Organizers," from any and all causes of action, loss, liability, claims and demands of every kind and nature, which I or my heirs or personal representatives may have for bodily injury, for expenses of medical treatment, hospitalization, and other care rendered to me in the event of my injury or illness, or for any and all other costs, damages or losses suffered or incurred by me or occasioned to me in connection with my travel to and from, and my participation in, the competition and related activities, except that the forgoing waiver and release shall not apply to injuries, damages, and losses resulting from the gross negligence and/or wanton misconduct of the Organizers or to bodily injuries and medical expenses covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies maintained by the Organizers.

I agree to be filmed and photographed under conditions approved and authorized by the Organizers, to include the use of my name, biographical information, public appearances, interviews, photographs, portrait and motion pictures and television recordings of my weightlifting performance and grant to Organizers the right to record and make use of the same, and to authorize others to do so in promoting the competition and the success of the weightlifting team on which I compete, to promote the image of Organizers, its sponsors and advertisers, and the sport of amateur weightlifting, and to fund the activities of the Organizers.

I (and my parent or guardian, if I am a minor), agree that the Organizers and its agents, including competition personnel, may make judgments (with appropriate input from available medical personnel), as to my treatment, hospitalization or other medical care in the event of my illness or accidental injury in connection with my participation in the competition, should I be disabled or incompetent to make necessary and appropriate decisions concerning such treatment, hospitalization or other care. I authorize the Organizers, its agents and competition personnel to make such decisions for me as though they stood in a relationship to me of parent, guardian or next of kin should circumstances require the Organizers, its agents and competition personnel to make such judgments, and my next of kin cannot be timely and conveniently contacted to participate in the making of such judgments.

I hereby release and agree to hold the Organizers, its agents and competition personnel harmless from all expenses, causes of action, liability, claims and demands arising from good faith judgments made by the Organizers, its agents and competition personnel concerning my treatment, hospitalization and medical care in the event of my illness, injury or other emergent circumstances in connection with the competition.

I (and my parent or guardian, if I am a minor), agree that I will be financially responsible for treatment, hospitalization and other medical care rendered to me in the event of my illness, injury or other emergent circumstances in connection with the competition, except to the extent my injuries and medical expenses, if any, are covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies maintained by the Organizers for my benefit, in which event I will nevertheless continue to be financially responsible for expenses of treatment, hospitalization and other medical care in excess of such policies' limits.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

WEIGHT CLASS: _____ KG MALE ____ FEMALE ____

NAME _____ USAW REG # _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE(_____) _____

AGE _____ DATE OF BIRTH _____ T-SHIRT SIZE _____

CLUB AFFILIATION _____

SIGNATURE _____ DATE _____

ATHLETES UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SECTION COMPLETED BY A PARENT OR GUARDIAN

I have explained to my son/daughter the aforementioned releases and conditions and their ramifications and I further consent to his/her registration for this USAW activity under the above stipulated conditions.

SIGNATURE _____ DATE _____

PRINTED NAME: _____ (Parent or Guardian)

IF YOU ARE UNDER 18 YEARS AND YOU HAVE FAILED TO HAVE YOUR PARENT/GUARDIAN SIGN THIS RELEASE, YOU WILL NOT BE PERMITTED TO LIFT.



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PARA POWERLIFTING CHAMPIONSHIPS
MARCH 21**

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Kyle.pierce@lsus.edu

CATEGORIES: Men and Women: Junior (Age 14 – 20) and Senior (Age 21+).

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ORGANIZERS: LSUS Weightlifting Club, Louisiana Governor's Council on Physical Fitness and Sports, Shreveport/Bossier Sports Commission.

ENTRY DEADLINE: Please Contact Kyle Pierce by March 16 if you plan to compete.

OFFICIAL ENTRY:

Please enter me in the 2015 Louisiana Governor's Games Para Powerlifting Championships to be held on March 21, 2015 at the LSU in Shreveport HPE Building, One University Place, Shreveport, LA 71115. I certify that I am an amateur in good standing. In consideration of my entry in the competition, I do hereby waive, and release USA Weightlifting, LSU in Shreveport, Louisiana Governor's Games, ARKLA LWC, LSUS Weightlifting Club, Louisiana Governor's Council on Physical Fitness and Sports, Shreveport/Bossier Sports Commission and their respective directors, officers, officials, agents and competition personnel, hereinafter known as the "Organizers," from any and all causes of action, loss, liability, claims and demands of every kind and nature, which I or my heirs or personal representatives may have for bodily injury, for expenses of medical treatment, hospitalization, and other care rendered to me in the event of my injury or illness, or for any and all other costs, damages or losses suffered or incurred by me or occasioned to me in connection with my travel to and from, and my participation in, the competition and related activities, except that the forgoing waiver and release shall not apply to injuries, damages, and losses resulting from the gross negligence and/or wanton misconduct of the Organizers or to bodily injuries and medical expenses covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies maintained by the Organizers.

I agree to be filmed and photographed under conditions approved and authorized by the Organizers, to include the use of my name, biographical information, public appearances, interviews, photographs, portrait and motion pictures and television recordings of my para powerlifting performance and grant to Organizers the right to record and make use of the same, and to authorize others to do so in promoting the competition and the success of the para powerlifting team on which I compete, to promote the image of Organizers, its sponsors and advertisers, and the sport of amateur para powerlifting, and to fund the activities of the Organizers.

I (and my parent or guardian, if I am a minor), agree that the Organizers and its agents, including competition personnel, may make judgments (with appropriate input from available medical personnel), as to my treatment, hospitalization or other medical care in the event of my illness or accidental injury in connection with my participation in the competition, should I be disabled or incompetent to make necessary and appropriate decisions concerning such treatment, hospitalization or other care. I authorize the Organizers, its agents and competition personnel to make such decisions for me as though they stood in a relationship to me of parent, guardian or next of kin should circumstances require the Organizers, its agents and competition personnel to make such judgments, and my next of kin cannot be timely and conveniently contacted to participate in the making of such judgments.

I hereby release and agree to hold the Organizers, its agents and competition personnel harmless from all expenses, causes of action, liability, claims and demands arising from good faith judgments made by the Organizers, its agents and competition personnel concerning my treatment, hospitalization and medical care in the event of my illness, injury or other emergent circumstances in connection with the competition.

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PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

WEIGHT CLASS:_____KG MALE ____ FEMALE ____

NAME_____

ADDRESS_____

CITY_____ STATE_____

ZIP_____ PHONE(_____)_____

AGE_____ DATE OF BIRTH_____ T-SHIRT SIZE _____

CLUB AFFILIATION_____

SIGNATURE_____ DATE_____

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I have explained to my son/daughter the aforementioned releases and conditions and their ramifications and I further consent to his/her registration for this activity under the above stipulated conditions.

SIGNATURE_____ DATE_____

PRINTED NAME:_____ (Parent or Guardian)

IF YOU ARE UNDER 18 YEARS AND YOU HAVE FAILED TO HAVE YOUR PARENT/GUARDIAN SIGN THIS RELEASE, YOU WILL NOT BE PERMITTED TO LIFT.

