

2010 Maryland State and Potomac Valley Annual Weightlifting Championships and Maryland Open

DATE: Saturday, August 14, 2010
PLACE: Jennifer Odom Fitness Center, Ft. Detrick Frederick, MD
SANCTION: MD-PV LWC; USAW Sanction #
HOST: Central Maryland Gold Weightlifting Club and the USAW MD PV LWC

ELIGIBILITY: Open to all USA Weightlifting-registered athletes.
 Championships limited to MD and PV residents.
 USAW registration and D.O.B. **required** at weigh-in.
 (USAW registration available on site)

ATTIRE: All lifters are required to wear a singlet or two-piece outfit of tight fitting shorts and shirt
INFORMATION: Contact for further information regarding meet:

Bud Krull
 Meet Director
 Jennifer Odom Fitness Center
Phone: 301-619-2498 *Cell:* 301-693-3406

FEE: **\$25 Postmarked by August 7, 2010** \$30 **CASH** day of meet
Make checks payable to Central Maryland Gold
 Fee must accompany entry and is non-refundable

Mail to: Jami Willette-Brown
 Competition Secretary
 467 Carrollton Drive
 Frederick, MD 21701
Phone: 301-662-8639 *Cell:* 301-471-1138

SCHEDULE: **Subject to change on day of meet! Check with Meet Director/Competition Secretary if you have questions.**
 Organizing committee and USAW reserve right to refuse entry.
Bring your USA Weightlifting card and Photo ID !

	Sessions	Weigh-In	Lift
I	U13 and Youth (13-14) All weight classes Novice women (two or fewer meets) All weight classes Women (All divisions)– 43 kg, 48 kg, 53 kg, 58 kg, 63 kg, 69 kg, 75 kg, 75+ kg	9 a.m.	11 a.m.
II	Men Novice, Schoolage (15-17) All weight classes Junior (18-20), Senior , Master (35 and up)– 62 kg, 69 kg, 77kg	11 a.m.	1 p.m.
III	Men Junior (18-20), Senior , Master (35 and up)– 85 kg, 94 kg, 105 kg, 105+ kg	1 p.m.	3 p.m.

Division and Weight Classes

Male Youth Divisions: _____ 12yr&under _____ 13-15yr _____ 16-17yr
Weight Category 50kg 56kg 62kg 69kg 77kg 85kg 94kg 94+kg

Female Youth Divisions: _____ 12&under _____ 13-15yr _____ 16-17yr
Weight Category 44kg 48kg 53kg 58kg 63kg 69kg 69+kg

Male Divisions: ___Novice(any age) ___Junior(18-20) ___Senior(21-34) ___Master(>35)
Weight Category 56kg 62kg 69kg 77kg 85kg 94kg 105kg 105kg+

Female: Divisions: ___Novice(any age) ___Junior(18-20) ___Senior(21-34) ___Master(>35)
Weight Category 48kg 53kg 58kg 63kg 69kg 75kg 75kg+

Master Age Groups 35-39 40-44 45-49 50-54 55-59 60-64 65-69
70-74 75-79 80-84 85+

AWARDS: MD State and PV LWC Championships:

Medals: Gold, Silver and Bronze in each weight class within each Division

Trophy: Best Youth, Schoolage, Junior, Senior, Novice : Male/Female lifter by Sinclair formula

Masters Division

Medals: (Gold, Silver and Bronze ages 35 & up will be given within each age category

Trophy: Best MASTER: top 5 Male and Top 3 Female lifters by Sinclair and Meltzer-Malone

Maryland Open:

Medals: Gold, Silver and Bronze in each weight class within each Division

Trophy: Best Youth, Junior, Senior, Novice Male/Female Female lifter by Sinclair formula

Directions to Fort Detrick-Odom Fitness Center:

Route **US-15** to Frederick

Exit # 15 **7th Street**, turn right

Pass McDonalds to end of street

Enter **Fort Detrick** using right lane

Use **Right lane for Non-Decaled Vehicles** and **STOP** at Guard house;

SHOW Photo-ID (all passengers must show an ID)

Proceed to stop light and **TURN RIGHT**

The Odom **Fitness Center** is the 2nd building on the right

***** BRING YOUR USAW CARD WITH YOU TO THE MEET *****

In consideration of my entry in the **2010 MD STATE AND POTOMAC VALLEY** Annual Weightlifting Championships (individually and collectively, the "competition"). I certify that I am sufficiently physically fit to participate in the competition and I (and my parent or guardian, if I am a minor) hereby waive and release USA Weightlifting (the USAW), its directors, officers, officials and agents, the MD-PV LWC, the Central MD Gold Weightlifting Club, the Fort Detrick IMWR, and the competition's sponsors and organizers of and from any cause of action, loss, liability, claim demand or expense of any kind whatsoever which I or my heirs or personal representatives may have bodily injury or illness and for any other cost, damage or loss suffered or incurred by me or on my behalf in connection with my travel to and from, and my participation in, the Competition and all related activities. The foregoing waiver and release shall not apply to injuries, damages and losses resulting from injuries or medical expenses covered by accidental death, dismemberment and/or loss of sight and medical insurance policies maintained by the USAW.

I (and my parents or guardian, if I am a minor) agree that the USAW and its agents, including the Competition's sponsors and organizers, may make judgments (with appropriate advice from available medical personnel) with respect 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, if I become disabled or incompetent to make necessary and appropriate decisions for me as though they stood in a relationship to me of parent, guardian or next of kin if circumstances require the USAW, its agents or the Competition's sponsors or organizers to make such judgments, and my next of kin (or my parent or guardian, if I am a minor) hereby release and agree to hold the USAW and its agents, the East Coast Gold Weightlifting Team, the Central Maryland Gold Weightlifting Club, Fort Detrick IMWR, and the Competition's sponsors and organizers harmless from and against any expense, cause of action, liability, claim, demand or expense arising from good faith judgments made by the USAW, its agents and/or the Competition's sponsors and organizers concerning the treatment, hospitalization and/or medical care in the event of any illness, injury or other emergency circumstance in connection with the Competition.

I (and my parent or guardian, if I am a minor) agree that I (and my parent or guardian, if I am a minor) will be financially responsible for treatment, hospitalization and other medical care rendered to me in the event of my illness, injury or other medical emergency 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 USAW for my benefit, in which event I (and my parent or guardian, if I am a minor) nevertheless will 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

MD-PV Championships _____ **OR MD OPEN** _____ **Weight Class** _____

NAME _____ **DATE OF BIRTH** _____ **AGE** _____ **SEX** _____

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE (_____) _____ **EMAIL ADDRESS** _____

USAW NUMBER _____ **USAW MEMBER EXPIRATION DATE** _____

USAW CLUB AFFILIATION _____

SIGNATURE _____ **DATE** _____

ATHLETES UNDER AGE 18 MUST HAVE THE FOLLOWING SECTION COMPLETED BY THEIR PARENT OR LEGAL GUARDIAN.
(For athletes of minority age) I have explained to my son/daughter the aforementioned release and activity and their ramifications, and I further consent to his or her registration for this USAW activity under the conditions and their ramifications, and I further consent to his or her registration for this USAW activity under the conditions stipulated above.

SIGNATURE _____ **DATE** _____

PRINTED NAME _____ **PARENT** _____ **GUARDIAN** _____

****Signatures MUST be completed for the entry to be accepted****