

**2020 Tony Conyers Extravaganza
Sanctioned by R.A.W. United**

Meet Director:

Bill Beekley * beekley220@gmail.com * 813-362-1908

Venue:

Stronglife Training Facility/ Crossfit Jaguar * Tampa, Florida

Schedule:

11/20

Weigh-Ins/Registration 9:00 am to noon 3:00 pm to 7:00pm

11/21

Weigh-Ins/Registration 8:00 am to 9:00 am

Rules Clinic 9:00 am to 9:15 am

Warm-Ups, Flight A 9:15 am to 10:00 am

Lifting Starts 10:00 am

ORDER OF LIFTING

will be determined at the Rules Clinic

ALL LIFTERS that have not competed in 2020 must bring \$10.00 CASH to weigh-ins for their 2019 membership

Travel:

Directions to the meet site can be found at www.mapquest.com. The venue address is: 9509 N. Trask St. Tampa, FL. 33624

Lodging:

Directions to the lodging can be found at www.mapquest.com. The hotel address is: Comfort Suites Near Raymond James Stadium * 5421 W. Waters Ave. * Tampa, FL 33634 * 813-880-8938

Rules:

Rules will be discussed at the Rules Clinic.

There have been some changes and can be viewed at www.StrongLife610.net.

Age Groups:

Youth 13-U * Teenage 14-15 16-17 18-19 * Junior 20-23 * Open 24-39 * Master 40-44 45-49 50-54 etc.

Weight Classes:

Women 97 105 114 123 132 148 165 181 198 198+

Men 114 123 132 148 165 181 198 220 242 275 308 308+

Attire:

RAW ONLY Lifters must wear a one-piece singlet, and may utilize a 4" leather belt, knee sleeves, and wrist wraps

Entry Fees:

Individual \$60.00 includes contest shirt

Team \$50.00 includes team award

Spectators \$10.00

Entry Deadline:

Completed entry form and fees must be received (not postmarked) no later than Saturday, October 31st.

Checks made out to "Stronglife Tampa Bay" !

Mail To:

Bill Beekley * 2424 W. Tampa Bay Blvd., Unit A108 * Tampa , FL 33607.

Contest Letter:

All lifters will receive a contest letter via e mail shortly following the entry deadline.

Questions:

Bill Beekley * beekley220@gmail.com * 813-362-1908

SCROLL DOWN FOR ENTRY!

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Name: _____

Address: _____

City, State, Zip _____

Phone Number: _____ Age _____

E-Mail Address: _____

CIRCLE ONE:

Gender: Female Male

Division: Full Power Bench Only Push/Pull Deadlift Only

Age Group: Youth 13-U Teenage 14-15 16-17 18-19 Junior 20-23 Open 24-39

Master 40-44 45-49 50-54 _____

Shirt Size: Small Medium Large XL 2XL 3XL

Weight Class:

Women 97 105 114 123 132 148 165 181 198 198+

Men 114 123 132 148 165 181 198 220 242 275 308

308+

Entry Fee:

\$60.00

Mail To:

Bill Beekley * 2424 W. Tampa Bay Blvd #A108 * Tampa, FL 33634

OVER PLEASE!

**ATHLETES MUST COMPLETE AND SIGN THE R.A.W. UNITED RELEASE, WAIVER OF LIABILITY,
ASSUMPTION OF RISK, INDEMNITY, AND THE PARENTAL CONSENT AGREEMENT (MINOR'S RELEASE)
Release, Waiver of Liability, Assumption of Risk, Indemnity, and Parental Consent Agreement**

In consideration of being permitted to participate in a powerlifting "activity," I, my personal representatives, assigned heirs, and next of kin: 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. I 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 "RELEASES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time. 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. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Redeemed Among the World United, Inc., STRONG LIFE Training Facility, Crossfit Jaguar, Bill Beekley, Tim Burns, Tony Conyers and any and all contest staff members, 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 R.A.W. United, Inc., (each considered one of the "RELEASE" 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 "RELEASES" 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 or all of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES from any litigation expense, attorney fees, liability, damage, or cost which may incur as a result of such claim.

Printed Name of Participant: _____

Participant's Signature: _____

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, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT 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 RELEASES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR ANY COST THAT MAY INCUR AS A RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____