# **2022 Tony Conyers Extravaganza**

## Sanctioned by R.A.W. United

Meet Director: Bill Beekley \* <u>beekley220@gmail.com</u> \* 813-362-1908

Venue: Stronglife Training Facility/ Crossfit Jaguar \* Tampa, Florida

Schedule: 10/21 Weigh-Ins/Registration 9:00 am to noon

3:00 pm to 7:00pm

10/22 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 2022 must bring \$10.00 CASH to weigh-ins for their 2022 membership

Travel: Directions to the meet site can be found at google maps. The

venue address is: 9509 N. Trask St. Tampa, Fl. 33624

Lodging: Directions to the lodging can be found at google maps. 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. Knee length socks for the

deadlift.

Entry Fees: Individual \$65.00 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 1st.

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, Sate, Zip									
Phone Number:			Age						
E-Mail Address:									
CIRCLE ONE:									
Gender:	Female		Male						
Division:	Full Power	Bench	h Only	Pus	sh/Pull	Dea	dlift O	nly	
Ama Graum	Vaudh		13-U						
Age Group:	Youth  Teenage		13-0		16-17		18-19		
					10-17		10-13		
	<mark>Junior</mark>		20-23						
	<mark>Open</mark>		24-39						
	<mark>Master</mark>		40-44		45-49		50-54		
Shirt Size: YS Y 3XL	/M YL Sma	II	Mediu	ım	Large		XL		2XL
Weight Class:									
Women	97 105	114	123	132	148	165	181	198	198+
Men	114 123 132 308+	148	165	181	198	220	242	275	308
Entry Fee:	\$65.00								
Mail To:	Bill Beekley * 2424 W. Tampa Bay Blyd #A108 * Tampa. FL 33634								

# ATHLETES MUST COMPLETE AND SIGN THE R.A.W. UNITED RELEASE, WAIVER OF LIABILITY, AUUMPTION 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 Strong Life 610, Inc., the R.A.W. United Powerlifting Federation, Spero Tshontikidis, 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 Strong Life 610, 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
ACTIVITIES AND THE MINOR'S EXPE QUALIFIED, IN GOOD HEALTH, AND IN PI I HEREBY RELEASE, DISCHARGE, AND AND HOLD HARMLESS EACH OF THE R DAMAGES ON THE MINOR'S ACCOUNT I DESPITE THIS RELEASE, I, THE MINOR, ANY OF THE RELEASES NAMED ABOVE	R LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC RIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE ROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE RELEASES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST E, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE ENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR ANY COST SUCH CLAIM.
Printed Name of Parent/Guardian:	
Parent/Guardian Signature	
Date:	