

Amateur World Powerlifting Congress Amateur American Powerlifting Federation Division

Anabolic Drug Test Waiver

Understanding that I _____ have chosen to compete as an Amateur in the APF, understand that by filling out this waiver I hereby give the American Powerlifting Federation (APF) the authority to test me at any competition for Anabolic Steroids. These tests are for the eyes of the APF Officials and Directors and will in no way be made public domain.

Any APF official or meet director will have the right to test me at any AAPF sanctioned event, which I am participating in. The APF does not have the jurisdiction to have me tested anywhere else, unless both sides agree.

If I am tested and found positive, I understand that I will not be able to compete in the Amateur American Powerlifting Federation anymore and that I will have to compete in the Non Tested Division (APF) from that point on.

Any medical conditions that in any way may alter these findings, must be submitted at the time that this waiver is submitted and must be accompanied by medical authorization.

In any event that the results show abnormal dilute, the results will be considered positive.

I will not hold the APF/AAPF or any of its agents legally responsible for any actions that they enforce upon me.

Certification

I hereby give my word of honor as an athlete that I have not used any strength-inducing drugs (i.e. any anabolic steroids or natural hormone) as part of my training. I have full knowledge of the drugs banned by the AAPF.

RELEASE FROM LIABILITY

Read this carefully. When you sign it, you will be giving up important rights.

In consideration of the acceptance of my entry in this Competition, I intend to be bound, for not only myself but also for my heirs, my executors and my administrators. In signing this release from liability, I waive and release everyone connected with this competition from any and all liability which may arise from this competition. I also agree that any testing method which the meet director uses to detect any presence of strength-inducing drugs shall be conclusive. This is whether I think the result of the test is right or wrong. I agree that I have no rights to challenge the results of the drug test.

Name _____ AAPF# _____
Print full name

Address _____

Email Address req* _____ Birth Date _____

Signature _____ Date _____