

BARBELL 4:13

OPEN POWERLIFTING CLASSIC

SATURDAY MAY 9TH @ 9 AM

111 S LINCOLNWAY ST, NORTH AURORA, IL

-AWARDS FOR BEST LIFTER, BIGGEST TOTAL, AND BEST FIRST RESPONDER.

-NO PARTICIPATION TROPHIES; COEFFICIENT SCORES WILL DETERMINE AWARD WINNERS.

-THIS IS A FULL POWER ONLY MEET FOR EQUIPPED AND CLASSIC RAW LIFTERS. NO UNLIMITED CATEGORY PERMITTED.

-ENTRY FEE \$125. *MEET TEE-SHIRT INCLUDED

-ENTRY FEE CAN BE SENT TO PAYPAL VIA MATT.MINUTH@GMAIL.COM, DEBIT CARD (OVER THE PHONE), OR MAILED IN CHECK (SEE FORM).

WEIGH-INS: FRIDAY THE 8TH FROM 9AM-10AM AND 5PM TO 6P

***CONTACT MATT MINUTH @ 630-229-5801 TO PAY OVER THE PHONE OR FOR REGISTRATION QUESTIONS.**

-ALL LIFTERS MUST HAVE A CURRENT APF CARD.

ENTRY FORM:

2026 Barbell 4:13 Open Powerlifting Classic

Mail this page w/entry fee attention to: Matt Minuth 111 S Lincolnway St. Suite F

North Aurora, IL 60542 -or-

Return completed form via email to matt.minuth@gmail.com

*if mailing in entry, please make Checks/Money Orders Payable to: Barbell 4:13. or contact Matt Minuth @ 630-229-5801 to pay by PayPal or debit/credit card.

In consideration of the acceptance of this entry form, I hereby declare for myself, my heirs, executors, and administrators a waiver and release of any and all claims and damages I may have against the APF/AAPF, AWPC/WPC, Barbell 4:13, Matt Minuth, JB Real Estate their representatives, successors, and personally accept all liability for any and all injuries or bodily harm that I may suffer while competing at the 2026 Barbell 4:13 Open Powerlifting Classic. I attest and verify that I have full knowledge of the risks involved with my participation in this event. I understand that powerlifting is inherently dangerous and could cause serious injury to my body. I accept all liability for any injury that I might receive while participating in the mentioned event above; even if that injury was due to or caused by another competitor, spotter, judge, or organizer. I declare that I am physically fit and able to participate in this event.

Name: _____

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____ Date: _____

Email: _____

Phone: _____

Date of Birth: _____ Age: _____

Equipped _____ -or- Classic Raw _____ (check one)

APF _____ AAPF (tested) _____

Shirt Size (based on men's sizes) _____

If competing in the military/first responder category please select:

Police _____ Fire _____ Military _____ Agency or Branch _____

Check www.worldpowerliftingcongress.com for all Police, Fire, Military, First Responder records.