



2009 NEPA NATURAL BODYBUILDING COMPETITION

USBF SANCTIONED MR. & MS. NORTHEAST PENNSYLVANIA
AMATEUR BODYBUILDING & FIGURE CHAMPIONSHIP
& USBF MEN'S PRO AM & MS. USBF PRO FIGURE

November 14th, 2009

University of Scranton, Byron Complex
Scranton, PA 18510 (Exit 185 off of 81)
<http://matrix.scranton.edu/campusmap/2d-map-4.pdf>

TIME:

9:00 AM - Competitor's check in

11:30 PM - Pre-Judging

5:00 PM - Night Show

ENTRY FEE:

\$35.00 per division entry and **\$35.00** for Crossover before October 14th. **\$65.00** per division entry and **\$65.00** for Crossover the day of the show. **PRO AM** entry is **\$85.00** before October 14th. **\$115** the day of the show. **PRO FIGURE** entry **\$50.00** before October 14th. **\$80.00** the day of the show. **MONEY ORDERS ONLY. NO PERSONAL CHECKS.** Make Payable to: Vince Cardamone or NEPA Natural.

TRAINERS PASS IS \$30.00 BEFORE OCTOBER 14TH, \$40.00 THE DAY OF THE SHOW.

Send money order and entry form to: 623 Delaware Street, Scranton, PA 18509

DRUG TESTING FEE:

Included in entry fee- this is a drug-tested contest and urinalysis is the testing method. The USBF has adopted the IOC's Anabolic Steroid Banned Substance List that includes related substances such as Andro (converts to testosterone) and 19-Nor (converts to Nandrolone). The fact that a substance is sold over-the-counter does not automatically make it acceptable for drug tested competition. As a competitor that chooses to compete in drug-tested competition, you are responsible for being knowledgeable about the supplements that you consume. Promoter has the right to randomly test anyone who is believed to be not drug free along with the winners of the show.

ELIGIBILITY:

Open to all amateur athletes who hold a USBF or NBI card.

Cards can be obtained **ONLINE** at www.nysnatural.com, www.usbf.net for **\$40.00** or on the **DAY OF THE SHOW** for **\$50.00**.

MUSIC:

ALERT!!! MUSIC MUST BE ON CD ONLY!!! - must be pre-set and a maximum of 90 seconds. Please have your CD labeled. Men's PRO will have up to 3 minutes for their routine. Their routine will count towards their overall score. Props are allowed.

AWARDS:

Top Five competitors in each class and best poser (men's and women's) will receive a trophy. Each competitor will receive a goodie bag and T-shirt.

TICKETS:

Available through the promoter.

½ Price on Prejudging and Night Show with college ID & 18 and under

PREJUDGING - \$10.00

NIGHT SHOW - \$15.00

HOTEL ACCOMODATIONS:

Hampton Inn, 22 Montage Mountain Rd, Scranton, PA 18507
Exit 182A coming South on 81 or exit 182 coming North on 81
Phone: 570-342-7002 Hotel Information: www.Hampton-Inn.com/hi/scranton

REGISTER BY OCTOBER 23, 2009 AND GET A RATE OF \$90.00 PER NIGHT, WITH HOT BREAKFAST INCLUDED (\$40.00 OFF REGULAR RATE). MUST MENTION "NEPA NATURAL BODYBUILDING SHOW" WHEN REGISTERING TO GET DISCOUNTED RATE!!

CONTACT INFORMATION:

Call Vince Cardamone at (570)780-7111 or e-mail: nepanationals2006@verizon.net

CLASSES:

Amateur:

Men's Juniors ages 16-23

Men's Novice (2 Classes to be determined the day of the show)

Men's Open (5 Classes)* Pro Qualifier

Men's Bantam Weight under 145

Men's Light under 155, Middle 155 to under 175, Light Heavy 175 to under 190, Heavy 190 & over

Men's Masters (over 35+, 40+, 50+, 60+, 70+)*Pro Qualifier

Men's PRO

Women's Masters Bodybuilding (34-44, 45+)

Women's Novice (1 Class)

Women's Open (3 Classes) Women's Light under 112, Middle 112 to 121, Heavy 122 & over

Women's Figure Masters* (35+, 40+)

Women's Figure Novice*

Women's Figure Open*- Two classes: Short & Tall (height to be determined day of the show)

Women's Figure PRO

*** U.S.B.F. MEMBERSHIP FORM ***

MAIL CARD TO: USBF NATIONAL OFFICE, P.O. BOX 20042, BALTIMORE, MD 21284-0042

(PRINT CLEARLY)

FULL NAME: _____

DOB: ____/____/____ AGE: ____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

Membership Fee: **\$40.00** if ordered **ONLINE** @ usbf.net / **\$50.00** the **DAY OF THE SHOW**

USBF# _____

I KNOW THAT MY PARTICIPATION IN U.S.B.F. ACTIVITIES IS POTENTIALLY HAZARDOUS AND CAN CAUSE BODILY INJURY OR DEATH. I CLEARLY UNDERSTAND THAT, BY SIGNING THIS FORM AND / OR MY INVOLVEMENT IN U.S.B.F. ACTIVITIES, I ASSUME ALL RISKS FOR ANY INJURY RESULTING THERE FROM AND WAIVE / RELEASE ANY AND ALL CLAIMS FOR DAMAGES THAT I MAY HAVE AGAINST THE USBF, ITS OFFICIALS, OR REPRESENTATIVES. I ALSO UNDERSTAND AND ACCEPT THE RESULTS OF ANY DRUG TESTING PERFORMED BY THE U.S.B.F. OR ITS REPRESENTATIVES. I UNDERSTAND THAT SUPPLYING INCORRECT INFORMATION ON THESE FORM VOIDS MY MEMBERSHIP.

APPLICANT'S SIGNATURE _____

PARENT'S SIGNATURE (IF UNDER 18) _____

ENTRY FORM:

(Please Print Clearly)

Send To: Vince Cardamone, 623 Delaware Street, Scranton, PA. 18509

CLASS ENTERING _____

Name _____ USBF/ NBI Card # _____

Phone # _____ Email _____

Address _____ City _____ State _____ Zip _____

Height _____ Age _____ Weight _____

Gym _____ Occupation _____

Hobbies & Interests _____

RELEASE:

I acknowledge that athletic event is an extreme test of a person' physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by the terrain, the facilities, temperature, weather, condition of athletes, spectator, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize liability may arise from negligence, carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used in the event holders, sponsors, organizers, in which I may participate and that it will govern my actions and responsibilities at said event. In consideration of my application and permitting me to participate in this event, I hereby take actions for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property thefts or actions of any kind which might hereafter accrue to me including my traveling to and from this event, the following entities or persons: Their directors, officers, employees, representatives, and agents, the event holders, event sponsors, event volunteers; (B) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liability or claims made as result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury accident or illness during this event. I understand that at this event or related activities, I may be photographed. I hereby agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. I understand that this is a drug-tested contest and agree to submit to any testing method approved by the contest promoter. I also agree to accept, without challenge, the results of such drug tests. Unless in the case of inconclusive results, I understand agree that the preliminary results are final. The accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand its contents.

Print Participants Name _____

Age _____ Participant Signature _____

(If under 18 years old, Parent or guardian must also sign)

PARENT GUARDIAN WAIVER FOR MINORS:

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participants Name _____ Age _____

Signature of Parent or Guardian _____