



## *2019 Monsters of Mohave Strongman!*

**Meet Director: Mikel Meadows (928) 234-5774 seekprov31@gmail.com**

**Facebook Group: [https://www.facebook.com/groups/241035416542894/?ref=group\\_browse\\_new](https://www.facebook.com/groups/241035416542894/?ref=group_browse_new)**

**Venue: Gary Keith Civic Park 2345-2361 Mohave Valley Hwy, Bullhead City, AZ 86442**

**Date: Saturday, Oct 26<sup>th</sup>, 2019**

**Times: Saturday, STRONGMAN, Weigh ins 11:00-11:30am. Mandatory Rules Meeting, 11:30-12:00pm. Event from 12:00pm to (?)!**

**This event is licensed by the Amateur Athletic Union of the US, Inc.**

**TESTING: All athletes entered may be subject to drug testing per AAU policies and procedures.**

**This meet will be sanctioned for American records**

**Membership: AAU MEMBERSHIP IS REQUIRED. All cards must be purchased online prior to the event. AAU membership is not included as part of the entry fee to the event. Participants are encouraged to visit [www.aausports.org](http://www.aausports.org) to obtain membership. Youth membership is \$14 and adult membership is \$24, to be sent directly to A.A.U.**

**Entry Fee: Unless prior arrangements are made, all fees should be paid by the Deadline Date: Oct 12th, 2018. Entries received after the deadline will be subject to a \$20 late fee**

**Please Make all checks Payable to: Mikel Meadows 1811 Tejon Dr Bullhead City, Arizona 86442**



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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ A.A.U. # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

Email address \_\_\_\_\_

FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

TEEN \_\_\_\_\_ MASTERS \_\_\_\_\_ OPEN \_\_\_\_\_

LWF (-148) \_\_\_\_\_ MWF (148-198) \_\_\_\_\_ HWF (198+) \_\_\_\_\_

LWM (-165) \_\_\_\_\_ MWM (165-220) \_\_\_\_\_ HWM (220+) \_\_\_\_\_

**We reserve the right to adjust any and all divisions, age or weight categories as needed!**

**STRONGMAN: \$50 for Adults \$30 for Students**

**AAU Weightlifting Waiver and Consent** In order to be able to participate in this or any other AAU Weightlifting event, I hereby consent to be drug tested by urine analysis or whatever other method is chosen by the AAUPC. I agree if I fail or refuse to be tested that I will automatically be disqualified from the event(s) and may be subject to further penalties under the AAU Code. I further consent to the publication of my test results and/or my failure/refusal to test in sole discretion of the AAUPC. I understand that both the collection process and testing procedures will be performed by a third party (not AAUPC or AAU) I hereby release, discharge and covenant not to sue the AAUPC and/or the AAU, their respective administrators, directors, agents, officers, members, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which any AAU activity takes place (each considered one of the releases) , from all liability, claims, demands, losses, or damages on any account caused or alleged to be caused in whole or in part by any and all of the releases or otherwise, relative to the drug testing, the publication(s), or any matter related to this event, and further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, such a claim is made against any of the releases, the undersigned will indemnify, save and hold harmless each of the releases from any litigation expenses, attorneys fees, loss, liability, damage, or cost which may occur as a result of such claim. The parties agree that if any portion of the consent/release shall be deemed invalid and/or unenforceable, the rest of such consent/release shall remain in full effect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or Guardian: \_\_\_\_\_ if under age 18.

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**AMATEUR ATHLETIC UNION STRENGTH SPORTS DRUG-TESTING CONSENT FROM**

By signing this form, I \_\_\_\_\_ affirm that I am aware of the (Please Print Name) Amateur Athletic Union Strength Sports drug-testing program and have read the Adult Substance Abuse Program Summary. I acknowledge that doping or the use of drugs before or during competition is prohibited and a violation of the AAU Code. I consent and agree to urine drug testing to participate in any and all AAU Strength Sports events. I understand and agree that the collection process and testing procedures will be performed by a third party and in accordance with the AAU Strength Sports Testing Policy. I acknowledge that AAU Strength Sports shall notify me of the results of the test by certified mail, return receipt requested, to the address I provide below.

**I FURTHER ACKNOWLEDGE AND AGREE THAT SHOULD NOTICE OF A POSITIVE TEST BE RETURNED FOR ANY REASON TO AAU Strength Sports, AAU Strength Sports SHALL HAVE THE RIGHT TO POST MY NAME ON THE SUSPENSION LIST LOCATED ON THE WEB PAGE OF AAU Strength Sports. I acknowledge that if I test positive, refuse to be tested, and/or fail to appear for testing, I will automatically be disqualified from any and all AAU Strength Sports events and may be subject to further penalties and/or sanctions under the policies and procedures set forth in the AAU Code. I acknowledge that I may request a hearing before the AAU Review Board to challenge my disqualification from any and all AAU Strength Sports. I acknowledge and agree that this Consent shall be in effect for one (1) year from the date of signing. The parties herein agree that if any part of this Consent shall be deemed invalid and/or unenforceable, the remaining terms and provisions of said Consent shall remain in full force and effect. I acknowledge that I have read this Consent and fully understand and agree with its contents. I further acknowledge that if I am selected to be tested, I may be required to sign another Consent Form.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019 \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

**MEMBERSHIP NUMBER** \_\_\_\_\_ **RENEWAL** \_\_\_\_\_ **NEW MEMBER** \_\_\_\_\_

**WITNESS (PRINT NAME):** \_\_\_\_\_

**SIGNATURE OF WITNESS:** \_\_\_\_\_ **If under the age of 18.**

<b>Female</b>	<b>ODD OBJECT CARRY 15m 90-SEC</b>	<b>OHP AXLE 3 ATTEMPTS MAX WGT</b>	<b>ZERCHERS 25M 60 SEC</b>	<b>DL MEDDLY 60 Sec</b>	<b>TRUCK PULL ARM OVR ARM 15M 60 SEC</b>
<b>LWTF LWMF</b>	<b>Keg 80# Husafelt 120# Safe tbd</b>		<b>115#</b>	<b>AXEL 165# DL 205# TIRE 230#</b>	<b>6000#</b>
<b>LWOF MWTF MWMF</b>	<b>Keg 80# Husafelt 140# Safe tbd</b>		<b>115#</b>	<b>AXEL 185# DL 225# TIRE 250#</b>	<b>6000#</b>
<b>MWOF HWTF HWMF</b>	<b>Keg 100# Husafelt 160# Safe tbd</b>		<b>125#</b>	<b>AXEL 205# DL 245# TIRE 270#</b>	<b>6000#</b>
<b>HWOW</b>	<b>Keg 100# Husafelt 180# Safe tbd</b>		<b>135#</b>	<b>AXEL 235# DL 275# TIRE 300#</b>	<b>8000#</b>
<b>Male</b>					
<b>LWTM LWMM</b>	<b>Keg 160# Husafelt 180# Safe tbd</b>		<b>135#</b>	<b>AXEL 295# DL 345# TIRE 400#</b>	<b>8000#</b>
<b>LWOM MWTM MWMM</b>	<b>Keg 180# Husafelt 210# Safe tbd</b>		<b>155#</b>	<b>AXEL 345# DL 405# TIRE 430#</b>	<b>8000#</b>
<b>MWOM HWTM HWMM</b>	<b>Keg 180# Husafelt 230# Safe tbd</b>		<b>175#</b>	<b>AXEL 385# DL 445# TIRE 470#</b>	<b>18000#</b>
<b>HWOM</b>	<b>Keg 210# Husafelt 260# Safe tbd</b>		<b>195#</b>	<b>AXEL 455# DL 515# TIRE 540#</b>	<b>18000#</b>

## **Event descriptions**

### **Event 1: Odd Object Carry**

**Athlete will have 90 sec to carry three objects 15 meters each, Unlimited drops!**

**Each item must be set down & upright. Split times for each object**

### **Event 2: Max Axel Press**

**Athlete has 3 attempts to reach their max weight, 60 secs for each attempt, Athlete may attempt as many times as need within the 60 sec time limit. 10# increments for women & 20# for men. Must reach lockout and wait for down command**

### **Event 3: Zerchers Carry**

**Athlete 60 secs to carry zerchers 25m, unlimited drops, entire implement must cross finish line, 10sec penalty for sliding!**

### **Event 4: Deadlift Medley**

**Athlete will have 60 sec to deadlift the axle 1 time, then the standard bar 1 time followed by the 17" tire deadlift for as many reps as possible in the time remaining. Athlete must lockout each lift and wait for down command. No Straps!**

### **Event 5: Arm over Arm Truck Pull**

**Athlete will have 60 secs to pull truck 15m from a seated position in a tire. Front tires of truck must cross finish line**

## **Equipment**

**Approved equipment: Belt, Knee Sleeves, knee wraps, elbow sleeves, wrist wraps and chalk.**

**Must have shoes/slippers and knee-high socks for dead lift. Gloves allowed for truck pull**

**The following equipment is Not ALLOWED!**

**Straps, Tacky and or Lifting Suits of any kind!**