



presents:

Overpower Cystic Fibrosis The Ashleigh Tiller Memorial Classic

Saturday November 15th, 2008, 9 AM

Location: EMCO Refrigeration 10200 Page Industrial Blvd. St. Louis, Missouri 63132

Cost: \$50. A portion of the proceeds will go to benefit the Cystic Fibrosis Foundation and the Ashleigh Tiller Foundation. Trophies to the top three finishers in each division.

Classes:

Women:

35# Medicine Ball Throw Over 7 foot high arch. 10 throws for time.
135# Deadlift for maximal repetitions in 60 seconds
30# One Arm Dumbbell Clean and Press for maximal repetitions in 60 seconds.
50 foot 65# Medicine Ball Carry / 50 foot 200# Backwards Sled Drag
50 foot 90# Hand over Hand Sled Pull with Rope/ 50 foot Prowler Push with 90#

Novice Men:

65# Medicine Ball Throw Over 7 foot high arch. 10 throws for time.
265# Deadlift for maximal repetitions in 60 seconds
60# One Arm Dumbbell Clean and Press for maximal repetitions in 60 seconds.
50 foot 110# Sandbag Carry / 50 foot 300# Backwards Sled Drag
50 foot 135# Hand over Hand Sled Pull with Rope/ 50 foot Prowler Push with 140#

Highly Trained Men:

65# Medicine Ball Throw Over 7 foot high arch. 15 throws for time.
330# Deadlift for maximal repetitions in 60 seconds
100# One Arm Dumbbell Clean and Press for maximal repetitions in 60 seconds.
50 foot 150# Sandbag Carry / 50 foot 400# Backwards Sled Drag
50 foot 180# Hand over Hand Sled Pull with Rope/ 50 foot Prowler Push with 160#

Events are subject to change without notice. A full description of the rules is available at www.theraplus.org/rules.pdf. If you would like to participate and need to scale the weights down, we will make accommodations if we can. Scaling down will remove you from consideration for a trophy.

MAKE ALL CHECKS PAYABLE TO: TheraPlus

Meet Director: Tom Nuzum phone: 314-821-8304 email: tom@theraplus.org

Please mail entries to Tom Nuzum, TheraPlus, 2001 South Hanley Rd, Suite 190, St.

Louis MO 63144 (Entries received are non-refundable) Entries due by November 10th.

ENTRY FORM

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, executors and administrators, and my assignees, waive and release all rights and damages I may have against TheraPlus, Tom Nuzum, EMCO Refrigeration, EMCO Real Estate, Wayne Eilermann, any and all sponsors of the event, their representatives and assigns, for any and all injuries incurred by me in conjunction with this competition and in traveling to and from the event. And in further consideration of permission being granted to me to participate in the Ashleigh Tiller Memorial Classic and its related events, I hereby grant TheraPlus, and/or any other approved video or entertainment organization and all of their agents, successors, licensees and assigns, the right to photograph or otherwise reproduce (whether by film, tape, still photography or otherwise) my voice, appearance and name, and to exhibit, distribute, transmit, and/or otherwise exploit any and all media, including without limitation, by means of still photography, motion pictures, radio, television, television motion pictures, video, printing or any other medium now known or hereafter devised, including with respect also to any merchandising, advertising and/or publicity, and the right to use my name and information about me in any connection with any of the foregoing. The rights granted by me hereunder are granted for the entire universe and shall endure in perpetuity and no further compensation shall be payable to me at anytime in connection therewith. Nothing contained herein shall be entertainment organization, to photograph or otherwise reproduce my voice, appearance or name, or to make use of any rights granted herein. I also understand that the aforementioned rights may be reassigned at any time without further consent. I understand that TheraPlus and/or any other approved video or entertainment organization are videotaping and photographing the event in express reliance upon the foregoing, and I represent and agree that I am free to grant the rights granted to TheraPlus and/or any other approved video or entertainment organization hereunder.

Therefore I affix my signature below:

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

E-MAIL: _____

DIVISION: _____

HEIGHT: _____ WEIGHT: _____

SIGNATURE: _____

(PARENT OR GUARDIAN SIGNATURE REQUIRED IF CONTESTANT IS UNDER 18 YEARS OF AGE)