

Österreichische Staatsmeisterschaft

Internationaler Cup 2025

Powerlifting, Benchpress, Deadlift Strict Curl Raw & Equipment-Catapult-F8

Date:	19.04.2025
Place:	Stadttheater Raiffeisengürtel 43 2460 Bruck an der Leitha/Austria
(Deadline for the Entryform and fee: 22.03.2025 (no entries after deadline))	

Lastname:	Firstname:
City/Country:	Adress:
Age:	Birthdate:

Weightclass (kg)

			female	<input type="checkbox"/>		male	<input type="checkbox"/>		
*52	*60	67,5	82,5	*82,5+	95	110	125	+125	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Only Woman

Agecategorie:

<input type="checkbox"/> Teenage	<input type="checkbox"/> Junior	<input type="checkbox"/> Open	<input type="checkbox"/> Master	<input type="checkbox"/> Guest(13-15)
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Entryfee:

Benchpress	<input type="checkbox"/> Raw	€ 50/30.-	<input type="checkbox"/> Equipment	€ 50/30.-
Deadlift	<input type="checkbox"/> Raw	€ 50/30.-	<input type="checkbox"/> Equipment	€ 50/30.-
Powerlifting	<input type="checkbox"/> Raw	€ 60/40.-	<input type="checkbox"/> Equipment	€ 60/40.-
Strict Curl	<input type="checkbox"/>	€ 50/30.-		

Each additional start € 40/20.- Teens and juniors pay the lower amount indicated

By signing this form, I also acknowledge that I have read and understood the attached Athlete's Declaration and accept full responsibility for my safety while participating in these Championships.

I have not been unduly influenced and sign this voluntarily

Date: _____ Signature: _____
Parent or guardian if under 18: _____

Please send back to: Franz Seewald [Tel:+43650/7703090](tel:+43650/7703090) mr.seewald@gmail.com

Bank account: **ERSTE-SPARKASSE**
Franz Seewald ÖM2025
IBAN: AT55 2011 1839 9373 0700
BIC: GIBAATWWXXX

Please note your name on the deposit.

Annex 1: Athlete Declaration

Athlete Declaration and Privacy Policy

The athlete declaration and data protection rules are part of the registration for the Championships of the WUAP-NVK Austria. I as a participant or, in the case of minors, the parents, acknowledge and confirm the following declarations and data protection rules and agree to them:

1. The stipulations in the announcement and in the rules of the WUAP-NVK Austria which form the basis of the championship.
2. That I have to identify myself with a valid document when registering for the competition (scales), in the case of minors, a signed parental consent must be presented, and that this data may be used and processed.
3. That the storage and processing of my personal data relevant to the competition (registration data) and their publication in result and record lists etc. may take place.
4. That I take part in the competitions entirely at my own risk. Participation in the WUAP Championships involves risks that can lead to injuries (even serious ones) for me. I am aware of the risks and accept these risks.
5. That the organizer WUAP, the host as the operator of the competition site assume no liability for damage, injuries or losses arising from or in any way related to participation in the event. This also applies to the employees, employees and representatives of the named companies, even if the liability arises from carelessness or negligence on the part of the named persons. To the fullest extent permitted by law, I release, discharge, exonerate and indemnify WUAP, the Board, staff, organizers, agents, helpers/spotters/loaders and/or consultants from any and all liability from any and all present or future claims, demands, rights or Any cause of action or cause of action, known or unknown, anticipated or contingent, arising out of or arising out of my participation in the Championships for any personal injury, mental pain, loss or damage of any kind I suffer, including but not limited to , if caused by acts or omissions (whether intentional or negligent) of indemnities.
6. In the event of an injury, first responders/medics/paramedics can attend to me while I am injured. Should I require treatment for an injury at a hospital or medical facility, I am responsible for paying my own costs.
7. That the entry fee will not be refunded if you do not show up.
8. I also give my consent to the use of personal images of myself or of children for whom I have legal guardianship, for the publication of photos or film clips related to the event, such as press releases in media from the areas of print, radio, TV , online services and on the association's website. This also applies in the event that the media mentioned are on site for reporting.
9. I declare that I have read and understand the above and take full responsibility for my safety while participating in these Championships. I have not been unduly influenced and I voluntarily sign this

form Date:

name:

signature athlete:

NOTE: In the case of a minor (any person under the age of 19 years of age) I confirm that my parent(s) and or legal guardian who has been notified either personally, telephonically or electronically of my intended participation in the Championships and has either personally, telephonically or electronically given his / her / their permission to do so.