

**ANBF Sanctioned**

**2016 Rhode Island Natural Classic**

**Bodybuilding, Figure, Bikini and Physique Championships**

**Introducing the Transformation Class**

**May 21, 2016**

**East Greenwich High School**

**300 Avenger Dr. East**

**Greenwich, RI 02818**

**Times:** 11:30 am Competitor's check in the day of show or, if necessary, the night before at the host hotel.

1:15 pm Competitor's meeting. All must attend.

2:00 pm Pre-judging begins and show runs until it is finished (straight thru format).

**Entry Fee:** Early Bird Sign up special- Amateur-\$40 with a \$30 crossover fee to other classes. Early Bird Deadline is 4/16/2016. After that, Amateur-\$70 with crossover fee of \$40. Final deadline to enter is 5/14/2016. **Applications will be accepted after that, but a late charge of \$50 will be added.**

**Pay by check or money order payable to ANBF, 19 Briar Mills Dr., Brick, NJ 08724**

**Host Hotel – Crowne Plaza, 801 Greenwich Ave., Warwick, RI 02886, Special group rate is \$129/night. Contact hotel at (401)732-6000 or [www.crownplaza.com/warwickri](http://www.crownplaza.com/warwickri) for reservations. Use code ANB.**

**Tanning, Hair and Make up contact Kerry Hellman at Pro Glamour Inc, (401)533-3464**

This is a 100% drug-tested contest and polygraph and random urinalysis is the testing method of the ANBF. All competitors must be drug free for a period of 7 years. The ANBF has adopted the 2015 WADA Prohibited List. You, as a competitor, are responsible to know the effects that certain supplements may present. Just because you may have bought it over the counter does not mean it is acceptable in the ANBF. Please research carefully. The WADA Banned List is posted on our website, [www.anbfnatural.com](http://www.anbfnatural.com).

***Polygraph testing will be done the day of the show and if necessary, the day before. You will get an email within 2 weeks of show with scheduling details. Anybody not taking a polygraph test will not be allowed to compete. If you have taken a polygraph test within 45 days of the show you are exempt only after show is verified. The fee is \$50 paid directly to the tech. Cash only!***

**Eligibility:** Open to all amateur athletes who hold a ANBF membership. Membership applications can be obtained online at [www.anbfnatural.com](http://www.anbfnatural.com), on ANBF facebook page, or via email from the ANBF office. Cost of membership is \$60.00. **The membership is good for 1 year from the show.**

**Music:** CDs only, a maximum of 60 seconds. Props are allowed.

**Awards:** Top 5 competitors in each class and most entertaining stage presentation in the show. **All open overalls are ANBF pro qualifiers. All master class winners will receive an ANBF master pro card.**

Contact information: Prefer email to [kreb46@comcast.net](mailto:krb46@comcast.net) or you can call, 732-213-6537 or you can contact Jenn Samm at [Jennsamm5@icloud.com](mailto:Jennsamm5@icloud.com).

## CLASSES:

*Transformation Class Men (Contact Jenn Samm@jennsamm5@icloud for class rules and guidelines)*

*Transformation Class Women (Contact Jenn Samm@jennsamm5@icloud for class rules and guidelines)*

Teenage Bodybuilding (ages **13-19**)

Men's Bodybuilding Debut (*First time competitors only*)

Men's Bodybuilding Novice

Men's Bodybuilding Open *Classes are set based on entries and check in weights.\**

Men's Bodybuilding Masters (**40+**, **50+**, **60+**, **70+**) \*\*

Men's Physique Debut (*First time competitors only*)

Men's Physique Novice

Men's Physique Masters (**40+**, **50+**) \*\*

Men's Physique Open \*

Women's Physique Debut (*First time competitors only*)

Women's Physique Masters (**40+**) \*\*

Women's Physique Open \*

Bikini Debut (*First time competitors only*)

Novice Bikini

Masters Bikini (**35+**, **50+**) \*\*

Open Bikini \*

Women's Bodybuilding Masters (**40+**) \*\*

Women's Bodybuilding Open (**1 Class**) \*

Women's Figure Debut (*First time competitors only*)

Women's Figure Masters (**40+**) \*\*

Women's Figure Novice

Women's Figure Open - *Classes are set based on entries and check in heights.\**

**\* ANBF PRO QUALIFIER**

**\*\* ANBF MASTERS PRO QUALIFIER**

# Entry Form for Rhode Island Natural

(Please Print Clearly)

## ENTRY FEES ARE NON - REFUNDABLE

Send To: ANBF c/o Kent Bierly, 19 Briar Mills Dr., Brick, NJ 08724

CLASS(ES) ENTERING \_\_\_\_\_

Name \_\_\_\_\_ ANBF # \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Height \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Gym \_\_\_\_\_ Occupation \_\_\_\_\_

### RELEASE

I acknowledge that athletic event is an extreme test of a person's 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 it's contents.

\_\_\_\_\_  
Print Participants Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Participant Signature

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

\_\_\_\_\_  
Date

### **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

\_\_\_\_\_  
Date

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