



FITNESS ATLANTIC WEEKEND

Atlantic Championships

April 25, 2009

Divisions:

Musclemania Atlantic (Novice, Amateur, Professional Divisions)

Fitness Atlantic Pageant (National Qualifier)

Ms. Bikini Atlantic (National Qualifier)

Model Atlantic (National Qualifier)

Figure Atlantic (National Qualifier)

GENERAL INFORMATION

FOR FURTHER INFORMATION CONTACT:

EVENT ORGANIZER, BRIAN CANNONE
P.O. BOX 800, TRUMBULL, CT 06611-0800
www.fitnessatlantic.com

TICKETS:

Fitness Preliminaries 10:00am \$20.00
Musclemania Pre-Judge 1:00pm \$20.00
All Finals Reserved Seating 6:00pm \$25.00

To Enter this Contest

All entry forms must be received no later than Saturday, April 11, 2009 or \$50.00 late fee applies.

All pre-registered contestants must meet on Friday, April 24th at 6:00pm at the Holiday Inn, North Haven, CT. Please be prompt! **6:00pm Athlete Meeting**

All athletes (bodybuilders, fitness, bikini contestants, and models) must attend the meeting Friday, April 24th in the ballroom of the Holiday Inn, North Haven from 6:00pm - 9:00pm.

- Registration meeting is mandatory for ALL athletes April 24, 2009.
- All contestants (bodybuilding and fitness) must bring their music to the meeting.
- Music for fitness must be no longer than 2 minutes.
- Music for bodybuilding must be no longer than 60 seconds.
- Music will be collected Friday, April 24th only.
- Bodybuilders must weigh-in on scale in posing suit only.



VENUE

CONTEST VENUE:

Performing Arts Center at East Haven High School
35 Wheelbarrow Lane
East Haven, CT 06512

HOST HOTEL

Holiday Inn – North Haven
201 Washington Ave.
North Haven, CT 06473

Tel: 1-203-2394225
Fax: 1-203-2341247
Check-In Time: 3:00 PM
Check-Out Time: 11:00 AM
*Ask for "Fitness Atlantic" rates

The location is ideal. The list of amenities include, a full service restaurant and lounge, free continental breakfast, indoor pool, sauna, outdoor deck and bar, charming courtyard, laundry valet service (M-F), exercise room, free parking, exceptional meeting and banquet facilities, and the most comfortable guest accommodations.

The central location is minutes from the arts and culture of Greater New Haven and the CT shoreline, 30 minutes from Hartford, CT., 1 1/2 hrs from New York City and 2 hrs from Boston.



DRUG TESTED SUBSTANCES

Friday, April 24, 2009

9:00am - 6:00pm – Drug Testing

Drug testing will be held only on Friday, April 24th from 9:00am to 6:00pm at the Holiday Inn, 210 Washington Ave, North Haven, CT 06473 (by appointment).

Fitness Atlantic is proud to be a natural competition that only promotes drug-free sports. There is mandatory drug testing. **All bodybuilders** must pass an examination prior to the event. Each contestant must pay \$35.00 fee (cash or money order only) directly to the examiner at the time of testing. Contestants who refuse to make themselves available or do not provide an appointment time will also be disqualified from the event.

ANABOLIC STEROIDS

Bolasterone	Dromostanolone	Methandriol	Oxandrolone
Boldenone	Ethylestrenol	Methenolone	Oxymetholone
Calusterone	Epitestosterone Ratio	Methandienone	Oxymesterone
Chlorotestosterone	Fluoxymesterone	Methyltestosterone	Probenecid
Clenbuterol	Furazabol	Mibolerone	Stanozolol
Dehydrochloromethyl- Mesterolone	Mestanolone	Nandrolone	Testosterone
	Norethandrolone		

DIURETICS

Acetazolamide	Chlorothalidone	Furosemide	Piretanide
Amiloride	Chlorothiazide	Hydrochlorothiazide	Polythiazide
Bendroflumethlazide	Cyclothiazide	Indapamide	Quinethiazide
Benzthiazide	Dichlorphenamide	Mefruside	Spironolactone
Bumetanide	Ethacrynic Acid	Mehtylclothiazide	Triamterene
Canrenone	Etozolin	Metolazone	Trichlormethizide

BETA-BLOCKERS

Acebutalol	Bupranol	Nadolol	Sotalol
Alprenolol	Labetalol	Oxprenolol	Timolol
Atenolol	Metipranolol	Pindolol	Toliprolol
Bunitrolol	Metoprolol	Propranolol	

If a contestant tests positive regardless of the legal or illegal products reportedly consumed, he/she will be disqualified and forfeit any title and prizes.



CONTESTANT ENTRY APPLICATION

DIVISIONS: _____

PERSONAL INFORMATION

Full Legal Name: _____
 Preferred Nick Name or Team Name: _____
 Address: _____
 City _____ State or Country: _____ Postal Code: _____
 Day Telephone:(_____) _____ Night Telephone:(_____) _____
 Age: _____ Date of Birth: _____ / _____ / _____ SS# _____ - _____ - _____ Weight: _____ lbs
 E-Mail: _____ Hair Color: _____ Eye Color: _____ Height: _____ ' _____ "

CHECKLIST

- PLEASE REVIEW THE FOLLOWING:
- Completed Entry Application
 - Completed Accident Waiver and Release of Liability
 - \$100.00 to Enter (written out to Beyond Fitness LLC) includes 2008 Membership Fee or **\$150** for 2 classes
 - Photocopy of Current Photo Identification
 - *Preferred Drug Testing Time
9am-6pm _____
(*Bodybuilders only)

SEND TO . . .
 Beyond Fitness LLC,
 Attn. Brian Cannone
 Post Office Box 800,
 Trumbull, Connecticut, 06611-0800

ABOUT YOURSELF

Education Level: _____
 Occupation: _____
 Competition Experience: _____

 Interesting Information About Yourself: _____

 Lifetime Ambitions: _____

Entry Applications must be received by April 11, 2009.

No Exchanges, Refunds or Transfers on Entry Fee and Ticket Orders



ACCIDENT WAIVER AND RELEASE OF LIABILITY

I certify that I am physically fit, have trained sufficiently for participation in this 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 by the event holders, organizers and sponsors, in which I may participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from the event, the American Sports Network Inc., Beyond Fitness LLC, ESPN, The City of East Haven, the Holiday Inn Hotel, their directors, officers, employees, volunteers, representatives, agents, event holders, event directors, event volunteers, (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims as a result of participation in this event, whether caused by negligence of release or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event. And further consideration of permission being granted to participate in the Fitness America Pageant, Musclemania, and Ms Bikini America and their related events (the Event), receipt of which benefit is hereby acknowledged, I hereby grant you, America Sports Network Inc., ESPN, Beyond Fitness LLC, and all video and entertainment organizations, and all their agents, successors, licenses, and assigns the right to photograph or otherwise reproduce (whether by film, tape, still photography or otherwise) my voice, appearance, name, to exhibit, distribute, transmit, and/or exploit any such reproductions containing my voice, and/or appearance in all media, including without limitation, by means of still photography, motion pictures, video, printing or any other media known or hereafter devised, including also with respect to merchandising, advertising, and/or publicity, and the right to use my name and information about me in any connection with the foregoing.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The rights granted to me hereunder are granted for the entire universe and shall endure in perpetuity, and no further compensation shall be deemed to obligate you, American Sports Network Inc., ESPN, Beyond Fitness LLC, to photograph or otherwise reproduce my voice, appearance or name, or to make use of the rights herein. These rights may be assigned by American Sports Network Inc., ESPN, Beyond Fitness LLC, at their sole and complete discretion. I understand that you American Sports Network Inc., ESPN, Beyond Fitness LLC, and any and all approved video entertainment organizations hereunder this Accident Waiver and Release of Liability be construed broadly to provide a release and waiver to a maximum permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

_____ / / _____
Print Participant's Name Signature Date