



SA POWERLIFTING FEDERATION

2025 APPLICATION FOR MEMBERSHIP:

(Note – Please only use this form if you have completed the rest of your contact details online – otherwise fill in the full affiliation form available on the website)

NAME AND SURNAME : _____

DATE OF BIRTH : _____

ACKNOWLEDGEMENT

By my signature below, I _____ [name] acknowledge and accept the terms and conditions set forth in the Constitution of the South African Powerlifting Federation (“the SAPF Constitution”), specifically, without limiting the generality thereof, all rules and guidelines with regard to doping and doping offences. I confirm that it is my responsibility to review and be familiar with all the documents available on www.powerliftingsa.co.za. I agree to be bound by the rules, policies and procedures set forth and contemplated in the SAPF Constitution, together with the rules, policies and procedures of any bodies to which the South African Powerlifting Federation (“SAPF”) is affiliated, as reviewed and updated from time to time.

In particular, I furthermore acknowledge that in affiliating to the SAPF, including my taking part in any competition held under the auspices and sanction of the SAPF and the International Powerlifting Federation (“IPF”), I, inter alia, agree that I am bound by the rules, policies and procedures as set forth by the IPF and the World Anti-Doping Agency (“WADA”), in particular the rules, policies and procedures regarding doping control. I acknowledge that it is my responsibility to familiarize myself with the standards, rules, policies and procedures set forth by the SAPF and the IPF [found at www.powerlifting-ipf.com and www.powerliftingsa.co.za], and in particular but without limiting the generality thereof the policies, rules and regulations set forth by WADA [found at www.wada.com.]

By my signature below, I acknowledge that I accept, and am bound by the rules, policies and procedures of the IPF, WADA and the SAPF and, to this end that **I am legally bound**, in addition, **to submit to any doping test or doping testing method** deemed appropriate by:

- 1.1 the SAPF and/or the IPF, including in-competition and out-of-competition testing;
- 1.2 the South African Institute for Drug-Free Sport; and will accept any and all sanctions imposed by the SAPF and/or the IPF, as the case may be.

My signature below in addition confirms my agreement to follow, all procedures laid down by the SAPF and/or the IPF and/or WADA as the case may be, for the management and appeal of all doping related infringements until their conclusion, from time to time.

I will follow such steps as are set forth by the SAPF as read with the IPF and WADA policies and procedures, in regard to doping tests and doping test methods, in the order in which they are set out in the documents regardless of whether I disagree with such steps.

I agree to pay on demand to the SAPF / IPF the fines as stipulated in the constitution of the SAPF if and when I am tested positive. As at 1/1/2021 the respective fines are R 10 000 (Ten Thousand Rand) for a local test and a minimum of €2500 (Two Thousand Five Hundred Euros), for an international test (or the going rate at the time). Fines could change regularly as per IPF. All the other stipulations regarding participation etc. as described in the constitution, is applicable and I confirm that I am fully aware of the contents thereof.

If I fail to follow such steps, in proper order and to completion, I agree to pay all legal costs, on both my part, and that of the SAPF and/or the IPF as the case may be, for all legal actions, regardless of outcome.

Once affiliated to the SAPF, I acknowledge that I will remain a member of the SAPF, bound by the rules, policies and procedures mentioned above, whether my affiliation fees are paid or not, until I tender my resignation in writing. I also acknowledge that only paid-up members of the SAPF in good standing, may participate in SAPF competitions as lifters or officials.

By my signature below, I hereby give consent to the SAPF to store and process my Personal Information where the processing is necessary and only for purposes of powerlifting administration, management and reporting. The SAPF acknowledges and agrees that the Personal Information will not, under any circumstances, be processed for purposes prohibited by POPI and/or the principles contained in POPI and that the processing of Personal Information will be done fairly and in accordance with legal provisions, given that the purpose for which processing of the Personal Information is adequate, relevant and not excessive.

By my signature below, I hereby accept and understand that there are risks associated with the sport of Powerlifting, and that the possible effects of these risks can range from minor injuries to severe injuries and death. This limitation of liability and indemnity applies to everyone who affiliates to the Federation, until such time as termination of affiliation is received by the Federation in writing. As far as the law allows, the South African Powerlifting Federation, its Provincial Federations, and all their affiliated Clubs, are not liable for any loss, damage, injuries or death I may suffer from participating in events related to the Federation. The South African Powerlifting Federation does not under any circumstances accept liability for any indirect, special, consequential or punitive damage. The content of the limitation of liability and indemnity must be interpreted to the extent necessary to ensure compliance with the Consumer Protection Act 68 of 2008. If a court finds that any part of this limitation of liability and indemnity is void, such finding will only apply to that part, and the rest will remain valid and binding. I agree that this limitation of the Federation's liability applies to me, my estate, my spouse, family & dependents. I agree to hold the South African Powerlifting Federation, its Provincial Federations, and all their affiliated Clubs, harmless from any claims from myself or by any other parties such as my estate, spouse, family & dependents as a result of my loss, damage, injury or death.

Signed at: _____ on this _____ day of _____ 2025

Signature: _____ Witness: _____

If under the age of 18 years old, Guardian approval required:

Signature: _____ Witness: _____