

AAU WORLD CHAMPIONSHIPS

**Bodybuilding • Classic Physique
Figure Physique
Bikini • Wellness**

**Hosted by Muscle Gaines
will be sanctioned by AAU**



**Saturday, Sept. 27th 2025
Harrah's Resort Hotel
Laughlin, NV**

**Start Time
7:00 pm**

**Info:
RodneyGaines**



**Spectator Fee
\$40.00**

rodneygaines95@yahoo.com



2025 AAU World Feats of Strength Championships

Harrah's Hotel & Casino Ballroom Laughlin, NV

Sunday, September 28, 2025

LOCATION: 2900 S. Casino Dr. Laughlin, NV. 89029

SPECTATORS: \$10 for Feats of Strength, except officials, coaches and lifters entered. 10 years old & under Free admission.

PHOTOGRAPHY: Cameras, cell phones and videotaping allowed.

AGE CATEGORIES:

Youth (5-7, 8-9, 10-11), Jr Teen (12-13, 14-15) Teen (16-17, 18-19), Junior (20-23), Open (all ages), Submasters (35-39), Masters (40-44, 45-49, etc. in 5-year increments), American Heroes (Military, Police, Fire, and First Responders), and disabled categories.

WEIGHT CLASSES:

LADIES: 20KG, 25KG, 30KG, 35KG, 40KG, 44KG, 47.5KG, 52.5KG, 56 KG, 60KG, 67.5KG, 75KG, 82.5KG, 90KG, 100KG, 100+KG

MEN: 20KG, 25KG, 30KG, 35KG, 40KG, 44KG, 47.5KG, 52.5KG, 56KG, 60KG, 67.5KG, 75KG, 82.5KG, 90KG, 100KG, 110KG, 125KG, 140KG, 140+KG

EVENTS: 1) Deadlift for reps 2) Bench press for reps 3) Pullups 4) Strict curl max 5) Strict curl for reps 6) Husafel Stone Carry 7) Axle deadlift max

SCHEDULE of EVENTS:

Saturday, September 27

6:00-7:30 PM – Early weigh-ins

Sunday, September 28

7:00-8:00 AM – Regular Weigh-ins

8:00 AM – Rules Meeting

9:00 AM – Feats of Strength begins.

1:00 PM – Awards.

AWARD & RECORD INFORMATION: AAU Championship medals will be awarded to 1st through 3rd places in all categories entered IMMEDIATELY FOLLOWING COMPETITION.

RECORDS: U.S citizens are eligible to break AAU American and World Records. Non-U.S. citizens are eligible for AAU World Records only. Sanctioned by the Amateur Athletic Union of the U.S., Inc.

AAU CARDS: ALL PARTICIPANTS MUST HAVE A CURRENT AAU MEMBERSHIP NUMBER, AND MEMBERSHIP CARDS MUST BE PRESENTED AT WEIGH-INS! AAU MEMBERSHIP CARDS MUST BE PURCHASED SEPARATELY THROUGH THE AAU WEBSITE. PARTICIPANTS ARE ENCOURAGED TO VISIT THE AAU WEB SITE WWW.AAUSPORTS.ORG TO OBTAIN THEIR MEMBERSHIP. AS PART OF THE AAU MEMBERSHIP PROCESS, ALL LIFTERS AGE 20+ WILL HAVE A BACKGROUND CHECK PERFORMED, AND THIS PROCESS CAN ADD A WEEK TO CARD APPROVAL, SO PURCHASE/UPDATE YOUR MEMBERSHIPS in ADVANCE!

ENTRY FEES: Adults: \$60 for first division, \$40 for others. Youth/Teens: \$40 for first division, \$20 for others.

TEAM ENTRY FEES: \$60 Team Entry fee. Each team must have a minimum of three (3) competitors and a maximum of ten (10) competitors spread throughout the age, sex and weight classes. There may be no more than two team members in a specific age, sex and weight class.

ELIGIBILITY: All competitors must have a current AAU membership card (\$30 adult \$20 youth); Extended Membership card (\$33 adult \$22 youth - \$100,000 Emergency Medical coverage). **Membership year starts September 1, 2025!** You MUST purchase this membership online in advance of signing up for this meet!

ENTRY DEADLINE: **September 13, 2025, NO LATE ENTRIES, and NO REFUNDS!**

PAY ENTRY FEES HERE VIA VENMO: @MohaveMike

Additional contact info for Mike Meadows: Email: Seekprov31@gmail.com , Tel: (928)234-5774

HOTEL INFORMATION:

Room Information: We set up the block of rooms for the **AAU World Strength Championships 2025** for **Thursday, September 25th – Monday, September 29th**. The reservation weblink is below for registration. When making the reservation, you will need to select BOTH the arrival and departure dates and press update. Our website automatically defaults to a one night stay. Reservation weblink:

<https://www.caesars.com/book/?propCode=LAU&action=FindRooms&groupcode=S09AAU5>

If you prefer to call in, the number is l **866-781-9572** and reference the group code # **S09AAU5**.

Entry Form/Athlete Waiver

First Name _____ Last Name _____

Phone Number _____ AAU Card Number _____

Full Mailing Address, including zip code _____

Division(s) Entered _____

Weight Class _____ Team Name _____

Identify Youth, Masters, Male/Female for class using the appropriate weight class divisions as set above. If entering multiple events, please enter all events you wish to compete in and separate with a comma.

Age at the date of competition _____ Date of birth _____ Gender _____

Email address _____

AAU Strength Sports Waiver and Consent for Individual Competitors. In order to be able to participate in this or any other AAU Strength Sports event, I hereby consent to be drug tested by urine analysis or whatever other method is chosen by the AAUPC. I agree if I fail or refuse to be tested that I will automatically be disqualified from the event(s) and may be subject to further penalties under the AAU Code. I further consent to the publication of my test results and/or my failure/refusal to test in sole discretion of the AAUPC.

I understand that both the collection process and testing procedures will be performed by a third party (not AAUPC or AAU) I hereby release, discharge and covenant not to sue the AAUPC and/or the AAU, their respective administrators, directors, agents, officers, members, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which any AAU activity takes place (each considered one of the releases) , from all liability, claims, demands, losses, or damages on any account caused or alleged to be caused in whole or in part by any and all of the releases or otherwise, relative to the drug testing, the publication(s), or any matter related to this event, and further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, such a claim is made against any of the releases, the undersigned will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney's fees, loss, liability, damage, or cost which may occur as a result of such claim.

The parties agree that if any portion of the consent/release shall be deemed invalid and/or unenforceable, the rest of such consent/release shall remain in full effect.

Signature _____ Date _____

AAU Strength Sports Drug-Testing Consent Form

By signing this form, I (full name) _____

Affirm that I am aware of the Amateur Athletic Union Strength Sports drug-testing program and have read the Adult Substance Abuse Program Summary. I acknowledge that the doping or the use of drugs before or during the competition is prohibited and a violation of the AAU Code. I can send and agree to urine drug testing to participate in any and all AAU Strength Sports events. I understand and agree that the collection process and testing procedures will be performed by a third party and in accordance with the AAU Strength Sports Testing Policy. I acknowledge that the AAU Strength Sports shall notify me of the results of the test by certified mail, return receipt requested, to the address I provide below.

I FURTHER ACKNOWLEDGE AND AGREE THAT SHOULD NOTICE OF A POSITIVE TEST BE RETURNED FOR ANY REASON TO AAU STRENGTH SPORTS, AAU STRENGTH SPORTS SHALL HAVE THE RIGHT TO POST MY NAME ON THE SUSPENSION LIST LOCATED ON THE WEB PAGE OF AAU STRENGTH SPORTS. I acknowledge that if I test positive, refused to be tested, AND/OR failed to appear for testing, I will automatically be disqualified from any and all AAU Strength Sports events and maybe subject to further penalties and/or sanctions under the policies and procedures set forth in the AAU Code. I acknowledge that I may request a hearing before the AAU Review Board to challenge my disqualification from any and all AAU Strength Sports. I acknowledge and agree that this consent shall be in effect for one year from the date of signing. The parties herein agree that if any part of this consent shall be deemed invalid and/or unenforceable, the remaining terms and provisions of said consent shall remain in full force and effect. I acknowledge that I have read this consent and fully understand and agree with its contents. I further acknowledge that if I am selected to be tested I may be required to sign another consent form.

Today's Date (MM-DD-YYYY) _____ Date of Birth _____

Street Address _____

City _____ State / Province _____

Postal / Zip Code _____ Phone Number _____

AAU Membership Number _____ AAU Membership Status _____

Signature _____



2025 AAU World Powerlifting Championships and 2025 AAU World Single Lift Bench Press, Deadlift, and Push/Pull Championships

Harrah's Hotel & Casino Ballroom Laughlin, NV

Saturday, September 27, 2025

*****3-LIFT & SINGLE LIFT WORLD CHAMPIONSHIPS*****

LOCATION: 2900 S. Casino Dr. Laughlin, NV. 89029

SPECTATORS: \$20 for powerlifting (separate admission for Hall of Fame induction and AAU World Bodybuilding), except officials, coaches and lifters entered. 10 years old & under Free admission.

PHOTOGRAPHY: Cameras, cell phones and videotaping allowed.

AGE CATEGORIES:

Youth (5-7, 8-9, 10-11), Jr Teen (12-13, 14-15) Teen (16-17, 18-19), Junior (20-23), Open (all ages), Submasters (35-39), Masters (40-44, 45-49, etc. in 5-year increments), American Heroes (Military, Police, Fire, and First Responders), and disabled categories.

WEIGHT CLASSES:

LADIES: 20KG, 25KG, 30KG, 35KG, 40KG, 44KG, 47.5KG, 52.5KG, 56 KG, 60KG, 67.5KG, 75KG, 82.5KG, 90KG, 100KG, 100+KG

MEN: 20KG, 25KG, 30KG, 35KG, 40KG, 44KG, 47.5KG, 52.5KG, 56 KG, 60KG, 67.5KG, 75KG, 82.5KG, 90KG, 100KG, 110KG, 125KG, 140KG, 140+KG

EVENTS: Full Powerlifting, Single Lift Bench Press, Single Lift Deadlift, PushPull (Bench Press & Deadlift). Single lift lifters will lift in flights with 3-lift lifters.

SCHEDULE of EVENTS:

Friday, September 26

6:00-7:30 PM – Early weigh-ins

Saturday, September 27

7:00-8:00 AM – Regular Weigh-ins

8:00 AM – Rules Meeting

9:00 AM – Powerlifting begins.

5:00 PM or earlier – Awards immediately follow lifting.

AWARD & RECORD INFORMATION: AAU Championship medals will be awarded to 1st through 3rd places in all categories entered IMMEDIATELY FOLLOWING LIFTING.

RECORDS: U.S citizens are eligible to break AAU American and World Records. Non-U.S. citizens are eligible for AAU World Records only. Meet is sanctioned by the Amateur Athletic Union of the U.S., Inc.

AAU CARDS: ALL PARTICIPANTS MUST HAVE A CURRENT AAU MEMBERSHIP NUMBER, AND MEMBERSHIP CARDS MUST BE PRESENTED AT WEIGH-INS! AAU MEMBERSHIP CARDS MUST BE PURCHASED SEPARATELY THROUGH THE AAU WEBSITE. PARTICIPANTS ARE ENCOURAGED TO VISIT THE AAU WEB SITE WWW.AAUSPORTS.ORG TO OBTAIN THEIR MEMBERSHIP. AS PART OF THE AAU MEMBERSHIP PROCESS, ALL LIFTERS AGE 20+ WILL HAVE A BACKGROUND CHECK PERFORMED, AND THIS PROCESS CAN ADD A WEEK TO CARD APPROVAL, SO PURCHASE/UPDATE YOUR MEMBERSHIPS IN ADVANCE!

ENTRY FEES: Adults: \$100 for first division entered, \$60 per crossover. Youth/Teens: \$60 for first division entered, \$40 per crossover for each additional class.

TEAM ENTRY FEES: \$60 for full power team fee and \$60 for push-pull team fee. Each team must have a minimum of three (3) competitors and a maximum of ten (10) competitors. There may be no more than two team members in a specific age, sex and weight class.

ELIGIBILITY: All competitors must have a current AAU membership card (\$30 adult \$20 youth); Extended Membership card (\$33 adult \$22 youth). **Membership year starts September 1, 2025!** You MUST purchase this membership online in advance of signing up for this meet!

ENTRY DEADLINE: September 13, 2025, NO LATE ENTRIES, and NO REFUNDS!

Entry fee for the first division entered is \$100, plus an additional \$60 per crossover division. For example, 3 divisions = \$100+\$60+\$60 = \$220.

PAY ENTRY FEES HERE VIA VENMO: @MohaveMike

Additional contact info for Mike Meadows: Email: Seekprov31@gmail.com , Tel: (928)234-5774

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If you prefer to call in, the number is l **866-781-9572** and reference the group code # **S09AAU5**.

Entry Form/Athlete Waiver

First Name _____ Last Name _____

Phone Number _____ AAU Card Number _____

Full Mailing Address, including zip code _____

Division(s) Entered _____

Weight Class _____ Team Name _____

Identify Youth, Masters, Open and Male/Female for each entry and the appropriate weight class as set above. If entering multiple divisions, please enter all classes you wish to compete in and separate with a comma.

Age at the date of competition _____ Date of birth _____ Gender _____

Email address _____

AAU Strength Sports Waiver and Consent for Individual Competitors. In order to be able to participate in this or any other AAU Strength Sports event, I hereby consent to be drug tested by urine analysis or whatever other method is chosen by the AAUPC. I agree if I fail or refuse to be tested that I will automatically be disqualified from the event(s) and may be subject to further penalties under the AAU Code. I further consent to the publication of my test results and/or my failure/refusal to test in sole discretion of the AAUPC.

I understand that both the collection process and testing procedures will be performed by a third party (not AAUPC or AAU) I hereby release, discharge and covenant not to sue the AAUPC and/or the AAU, their respective administrators, directors, agents, officers, members, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which any AAU activity takes place (each considered one of the releases) , from all liability, claims, demands, losses, or damages on any account caused or alleged to be caused in whole or in part by any and all of the releases or otherwise, relative to the drug testing, the publication(s), or any matter related to this event, and further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, such a claim is made against any of the releases, the undersigned will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney's fees, loss, liability, damage, or cost which may occur as a result of such claim.

The parties agree that if any portion of the consent/release shall be deemed invalid and/or unenforceable, the rest of such consent/release shall remain in full effect.

Signature _____ Date _____

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By signing this form, I (full name) _____

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Signature _____