

Saturday May 2, 2015
SuperD Performance Therapy Clinic



Place: 2XL Powerlifting Gym - 8 Yorktown Convenience Center Lombard, IL 60148

Time: 9:00 a.m. check-in, clinic will run 9:30 a.m. to 2:00 p.m - *Lunch Provided*

Featuring: Donnie "SuperD" Thompson - Mr. 3000!

Who: Football players and Powerlifters, Physical Therapists, Chiropractors, Athletic Trainers and Strength Athletes

Description: World-Champion Powerlifter Donnie Thompson will demonstrate and explain his "Performance Therapy" techniques he perfected working with athletes, powerlifters, and himself to recover from and help prevent the injuries, aches, and pains that accompany taking your body to its limits. Being the first man to total an All-Time World Record 3000lbs in Powerlifting at 46 years old, Donnie developed his recovery secrets into protocols. Now he brings these protocols to his fellow powerlifters as well as athletes and clients from all different backgrounds. Topics:

- *Ischemic Methods for increased joint performance*
- *Body Tempering with the "X-wife" and friends*
- *Ankle, Shoulder, and Lower Back Protocols*
- *Body Positioning and Posturing for Maximal Output and Minimal Injuries*

Cost: \$150 (or \$125 for 2XL Members)

- ***Must register in advance--DEADLINE for registration is April 25, 2015***
- ***Registration limited to the first 40 attendees - may fill up before deadline***
- *Online registration available at www.2xlpowerlifting.com*

Event Organizer: - Eric Stone - (630) 677-4358 or estone@2xlpowerlifting.com

SuperD Performance Therapy Clinic - Mail w/clinic fee to:
2XL Powerlifting - 8 Yorktown Convenience Center Lombard, IL 60148

Make Checks Payable to: 2XL Powerlifting, LLC

In consideration of the acceptance of this entry thereby for myself, my heirs, executors, and administrators waive and release any and all claims and damages I may have against 2XL Powerlifting LLC, Eric Stone, Howard Penrose, Amad Atef, Donnie Thompson, their representatives, successors, and assigns for any and all injuries or bodily harm that I may suffer while participating in the SuperD Performance Therapy Clinic. I attest and verify that I have full knowledge of the risks involved with my participation in this event, and that to the best of my knowledge I am physically fit and able to participate in this event.

Signature: _____ Date: _____

Print Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (_____) _____

Email: _____

Profession/Focus of Training: _____

Primary Clientele: _____

What you hope to learn from the clinic: _____

Specific modality or area of the body you would most like covered: _____

For more registration forms, go to 2xlpowerlifting.com