



Healthy Bahamas Coalition

National Weight-loss and Fitness Challenge

2019 Competition

Registration and Enrolment Form

INFORMATION:

Last Name: _____ First Name: _____

Email Address: _____

Telephone Contact: (H) _____ (C) _____

Name of Gym/Institution/Organization: _____

Proprietor/Coach Name: _____ Telephone Contact: _____

Group Adolescent ___ Adult ___ Older Adult ___ Male: ___ Female: ___

Waiver:

I understand that participating in this competition may be potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risks of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing such risks. I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the Healthy Bahamas Coalition, the Ministry of Health and the Ministry of Health sponsors, the volunteers, the participants, their representative, successors and assigns for any and all injuries suffered by me in said events. I grant to the Ministry of Health and the Ministry of Health sponsors and licensees the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, telecast, advertising, promotion or any other account of this competition. I further attest and certify that I am physically fit.

If the participant is under the age of 18 years, I as the parent or guardian for the above named minor give permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's medical records as necessary.

_____ Signature of Applicant	_____ Signature of Parent/Legal Guardian	_____ Date
--	--	----------------------

I attest that the programme that this candidate will participate in is safe and contains the compulsory elements of increased physical activity, behavioural change counseling and nutrition advice.

Signature of Proprietor/Coach

Enrolment in the HBC Weightloss and Fitness Challenge is Free!!!

Email completed forms to healthybahamascoalition@gmail.com