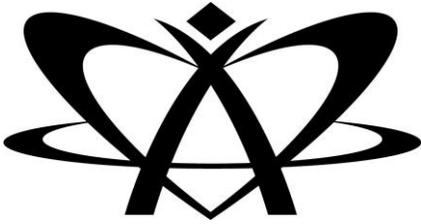


Entry Fee _____

Team _____



BIGGEST LOSER 2015

Full Name _____ Male _____ Female _____

Best Contact Phone # _____ Age _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone # _____

T-shirt Size (please circle) S M L XL 2XL 3XL

E-mail _____

It is important we have your e-mail address for communication about the program. The Biggest & Best Loser Contest includes weekly e-mail health tips and any updates on the contest will be sent out via e-mail.

AGREEMENT TO PARTICIPATE

In signing this form for myself, I understand and agree to hold Antelope Memorial Hospital and all sponsors harmless of blame for any injury, harm, loss or inconvenience of any of the activities associated with this event.

Signature _____ Date _____

AGREEMENT TO RELEASE NAME FOR RECONGITION

By signing this, I give AMH Wellness permission to post my name for recognition if I win a weekly prize for the most percentage weight loss. I understand my name will NOT be posted for public viewing unless I am the week's top percentage loser. Weekly results of all contestants will be posted for public viewing using an identification numbers, not full names.

Signature _____ Date _____