



Fort Lee Biggest Loser Competition Participant Registration Form



Name of Participant: _____

Address: _____

Phone Number: Home: _____ Work: _____
Cell: _____

Birthdate: _____

E-mail Address: _____

Emergency Contact Information:

Name: _____

Phone Number: Home: _____ Work: _____
Cell: _____

Relationship to Participant: _____

I, _____, desire to participate in the Fort Lee Biggest Loser Competition. Therefore, by participating in this event, I agree to release and hold harmless the United States Army from any damages to property or injuries which I may suffer due to my participation in this activity. I agree to release and hold harmless the United States Army, its officers and its agents, against any claims, demands, actions, debts, liabilities, judgements, costs, or attorney's fees arising out of claimed on account of, or in any manner predicated upon my use of Fort Lee facilities and/or equipment including loss or damage to property, any injury or death of any person in any manner, caused or contributed to by the united States Army, it officers, or it agents.

BY SIGNING, I DECLARE THAT I HAVE READ AND VOLUNTARILY ENTER INTO THE TERMS OF THIS

Participant Signature: _____

Date: _____

***Note: You have pre-registered for this program. Please schedule an initial weigh in appointment at Clark Fitness Center for 4 or 5 January 2010 to complete this registration.**

Clark Front Desk Phone: 765-3636

