



2018 Better Body Challenge Registration Form

First & Last Name: _____

Mailing Address: _____

E-Mail Address: _____

Best Contact #: _____ Text? YES NO

Date of Birth: _____ Age: _____

Shirt Size: *Medium* *Large* *X-Large* *2X-Large* *3X-Large* *4X-Large*

Would you like to be part of the Facebook 2018 Better Body Challenge group? YES NO

Why are you participating in the 2018 Better Body Challenge?

What is your goal for the end of the 2018 Better Body Challenge? *(be specific)*

I am participating in:

_____ Better Body Challenge \$25 _____ Better Body Challenge w/Fitness Plan \$75

Liability Waiver & Release

I, _____, hereby release Get Healthy De Soto, De Soto Community Center, and all other entities involved in this fund-raising competition from any liability of injuries or illnesses resulting from or in any way related to the above named event.

It is strongly recommended that all participants be evaluated by their healthcare physician and review all exercise and weight-loss plans with that physician before implementing any changes. If under 18, parents/guardians must sign as witness for permission to participate.

Please note that media entities may take photographs at BBC events.

Signature: _____ Date: _____ Parent Signature (if applicable): _____