



2019 WELLNESS CHALLENGE REGISTRATION FORM

Name _____

Date of Birth _____ Age _____ Male Female

Weight at First Weigh In _____

Address _____

Cell Phone # _____ Email _____

If participant is under the age of 18, guardian must fill out following:

Guardian/Parent Name _____ Birth Date _____ Phone # _____

Address _____

Parent/Guardian Signature _____

PERMISSION/MEDICAL AUTHORIZATION/PHOTO RELEASE

The undersigned as participant or legal guardian of the participant, hereby grants permission for the individual named above to participate in the 2019 Clark County Wellness Challenge and releases and forever discharges the Clark County Activity Coalition and all entities involved, the sponsors and administrators of the program sites, and their respective directors, officers, agents, representatives, successors and assigns, of and from all claims, demand, actions or causes of action, whether on account of damage to property, bodily injuries or death, resulting or to result from the participation in the Challenge

1. I hereby grant the Clark County Activity Coalition permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

Applicant Signature _____

RULES OF COMPETITION AGREEMENT

I have read the rules of the 2018 Wellness Challenge and agree to the terms of participation and prize eligibility.

Applicant Signature _____

FOR OFFICE USE ONLY

\$15.00 per participant

_____ Check # _____

_____ Cash

_____ Credit Card

Received By _____

Weigh-in Location: Winchester-Clark County Parks and Recreation Clark Clinic B - Wellness Center

Clark County Health Department

Winchester Family Practice
