



# Sorority Shakeoff 2018 REGISTRATION FORM

LAST NAME : \_\_\_\_\_ FIRST NAME : \_\_\_\_\_

SORORITY : \_\_\_\_\_

DATE : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

EMERGENCY CONTACT :

NAME : \_\_\_\_\_ NUMBER : \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

### GENERAL RELEASE/WAIVER

I understand that prior to beginning any specific diet or exercise program that I should consult my physician. This program is strictly to encourage a healthier lifestyle and is not promoting a particular diet or exercise program. In submitting my entry, I for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have now or hereafter arising against the Valdosta-Lowndes County Family YMCA, and all sponsors and their employees, officers, directors, principals, agents, representatives, successors, and assigns, including but not limited to any and all claims of damages, injuries, demands, actions, whatsoever, however they may occur, arising as a result of my participation directly or indirectly in said Sorority Shakeoff program. Any disputes should be directed to the Sorority Shakeoff administrator. I hereby grant full permission to any and all of the foregoing to use my name, my voice, and/or picture in any broadcasts, telecasts, advertising, promotion, or other account of this event for any purposes whatsoever without thought of remuneration. I understand that there are no refunds after the first weigh-in.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WEEK 1 : \_\_\_\_\_ WEEK 2 : \_\_\_\_\_ WEEK 3 : \_\_\_\_\_ WEEK 4 : \_\_\_\_\_

WEEK 5 : \_\_\_\_\_ WEEK 6 : \_\_\_\_\_ WEEK 7 : \_\_\_\_\_ WEEK 8 : \_\_\_\_\_