



## 2018 Biggest & Best Loser Release Form

I understand and agree that my participation in all activities and services at AMH Wellness located in Neligh, NE, is undertaken at my sole risk and responsibility. I hereby release, indemnify, and hold harmless AMH Wellness and their officers, directors, partners, agents, employees, and successors and assigns from and against any and all liabilities, claims, damages, losses, causes of action, judgement, costs, and expenses, including but not limited to attorneys' fees, as a result of any bodily injury/death and/or property damage which I may experience relative to my participation in the Biggest & Best Loser Competition. Activities and services include, but are not limited to, use of the AMH Wellness Center and participation in the S.T.A.C class.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date



2018 Biggest & Best Loser  
Registration Form

Full Name \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Age \_\_\_\_

Contact Number \_\_\_\_\_

Email \_\_\_\_\_

**\*\*Email will be the primary form of communication for this contest. Please provide an email checked regularly\*\***

T-shirt size \_\_\_\_\_

Please check here if you would like this email to be added to the AMH Wellness mailing list for notification of future events. \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to you \_\_\_\_\_ Contact Number \_\_\_\_\_

**Release of Information**

(Please check and sign one)

I would like my information kept private at all times \_\_\_\_

I am OK with my name and event results being displayed for recognition purposes \_\_\_\_

Signature \_\_\_\_\_

Be sure to add us on Facebook at AMH Wellness to keep up to date on Wellness activities!

Please contact Bethany in AMH Wellness with any questions or concerns.

402-887-6204 or [wellness@amhne.org](mailto:wellness@amhne.org)