



Antelope Memorial Hospital
Healing body, mind and spirit

AMH WELLNESS

BIGGEST & BEST LOSER CONTEST

SPONSORED BY:

Antelope Memorial Hospital

First Name _____ Last Name _____

Birthdate _____ Age _____ Female ____ Male ____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Cell Phone _____

T-shirt Size (please circle) S M L XL XXL

It is very important that we have your e-mail address for communication about the program. The Biggest & Best Loser Contest includes weekly e-mail health tips and any update on the contest will be sent out via e-mail.

E-mail _____

Please list the goals you hope to achieve by the end of this contest (be specific):

Emergency Contact Information

Name _____ Phone _____

Relationship _____

AGREEMENT TO PARTICIPATE

Waiver: In signing this form for myself, I understand and agree to absolving and hold harmless Antelope Memorial Hospital and all sponsors of blame for any injury, harm, loss or inconvenience in any of the activities associated with this event.

Signature _____ Date _____