



**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 \_\_\_\_\_