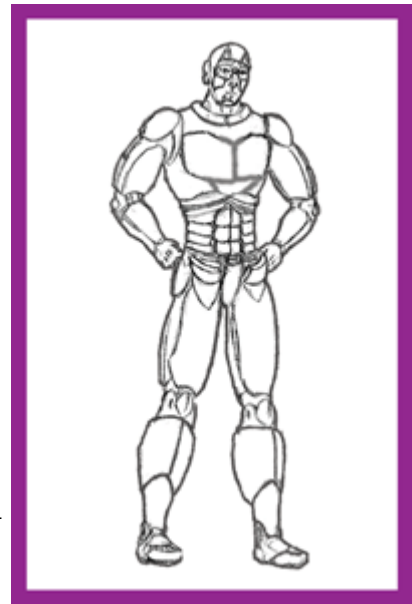


Capital District Ultimate Weight Loss Challenge



Contestant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

E-mail: _____

DOB: _____ Male/Female: _____

Important health information:

Registration Fees:

CDUWLC & Boot Camp Oct. 6th – Dec. 10th \$250.00

Please make checks payable to Excel Sports Group, LLC. or pay via Credit Card.

Circle one: Visa MasterCard Discover

Name on card: _____

Billing Address for credit card: Street _____

City _____ State _____ Zip _____

Credit Card #: _____ Exp: _____ Security Code: _____

Excel Sports Group LLC Waiver:

By participating in the Excel Sports Group LLC programs and all related activities, I fully understand that these activities involve risks of injury and I fully accept and assume these risks. I acknowledge that I am in good physical condition and have been cleared by a doctor to participate. I hereby waive and agree to hold harmless Excel Sports Group, LLC. it's owners, coaches, instructors, employees, volunteers and other participants from any and all claims. I have read and fully understand this release and waiver of liability. I also consent to administered first aid and emergency transport to the nearest medical facility.

Participant/Guardian (if under 18) Signature: _____

Date: _____ Print Name: _____

Sponsored by:



Bill Cook Agency Inc.

Excel Sports Group, LLC
PO Box 4767 1535 Crescent Road Clifton Park, NY 12065
518.371.1469 fax 518.357.8474 www.AthleticRepublicCP.com