



\$10,000 TREASURE VALLEY WEIGHT LOSS Challenge



ENTRY FORM AND WEIGHT RECORD 2012

Participant Please Print Clearly

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

(To receive weekly E-tips and Challenge updates)

Photo ID Required

Entry Fee (Check one)

\$50 General

\$45 Team Member *See rules page
Team Name: _____

\$40 Returning Participant
(With Challenge Coupon attached)

Payment Method (Check one)

Cash

Check payable to HDC

Credit/Debit card

Acceptance of Rules and Release of Liability

By signing this, I am agreeing to all the rules and regulations of the \$10,000 Treasure Valley Weight Loss Challenge. I understand the recommendations made, and I release St. Luke's Humphreys Diabetes Center, all participating sponsors, and their agents, employees and directors of any and all liability for any and all events, personal injury, wage loss, medical bills, and any and all other potential damages that could be associated with my participation in the Challenge.

The Weight Loss Challenge, St. Luke's Humphreys Diabetes Center and Ladd Family Pharmacy agree to keep all personal information confidential. If I am a winner, I authorize SLHDC to release my name, my weight loss information and my photos.

Signature _____

Date _____

For Official Use at Initial Weigh-In	Attach Photo ID Copy to this Sheet
Weight (wearing shorts or capris and a T-shirt without shoes)	
Entry Weight: _____ . ____ lbs	
Scale # _____	Weight recorded by: _____