



***LOVING ME PHENOMENALLY WITH ENDLESS POSSIBILITES***

**Registration Form**

**PARTICIPANT'S INFORMATION (Please Print Clearly)**

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LAST NAME

FIRST NAME

PREFERRED NAME

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ADDRESS

CITY

STATE

ZIP

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HOME PHONE

CELL PHONE

EMAIL ADDRESS

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AGE

BIRTHDATE

T-SHIRT SIZE

**PARENT/GUARDIAN CONTACT INFORMATION:**

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PARENT/GUARDIAN RELATIONSHIP

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ADDRESS

CITY

STATE

ZIP

---

HOME PHONE

CELL PHONE

EMAIL ADDRESS

---

EMERGENCY CONTACT RELATIONSHIP

---

ADDRESS

CITY

STATE

ZIP

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HOME PHONE

CELL PHONE

EMAIL ADDRESS

#### PERMISSION

I hereby give permission for my child or ward to participate in all activities of Phenomenal Women's Health during the days she is scheduled to attend.

#### INDEMNIFICATION & RELEASE

For and in consideration of permission granted to my child or ward to participate in Phenomenal Women's Health activities, I hereby release and discharge Phenomenal Women's Health Inc., Fayette County Government, employees, and their agents, from all claims which I or my child have or claim to have, for all personal and property injuries, knowing or unknowing, caused by, during or arising out of the program, and I further agree to indemnify and hold harmless, Phenomenal Women's Health Inc. and his agents against any such claims. I acknowledge that I am authorized and competent to execute this information, Permission, Indemnification and Release Form, and that I have read and understand all of these terms. I execute it voluntarily and with full knowledge of its significance.

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PARENT/GUARDIAN SIGNATURE

DATE

#### **PRESS RELEASE**

I, \_\_\_\_\_ do hereby give Phenomenal

Women's Health full authorization to make and publish photographs taken during the program,

*Loving Me Phenomenally with Endless Possibilities.*

Phenomenal Women's Health does hereby promise to use the photographs in a honest and

professional manner. The said photographs will not be sold to any other entity or proprietor.

Print Name.....Position.....

Signature.....

Email application to [cburn1@comcast.net](mailto:cburn1@comcast.net) or fax to (770)632-8535