

Registration Form



**BODY DESTINATION -
Get Fit Challenge**

Date _____

DOB _____

Name _____
Last First Middle Initial

Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ E-mail Address _____

Emergency Contact _____ Phone _____

Participant Agreement

I understand that I have agreed to participate voluntarily in the **Body Destination—Get Fit Challenge** from September 23, 2010 until November 4, 2010.

It is understood that all equipment and facility usage and all exercise shall be undertaken by the Participant at his/her sole risk and that Lea Regional Medical Center, its employees, servants or agents shall not be liable to him/her for any claims, demands, injuries, damages, actions or causes of actions, whatsoever to his/her person or property arising out of, or connected with, the use by him/her of the services or our facilities of the center or on its premises where the same is located. Furthermore, the Participant does hereby expressly forever release and discharge Lea Regional Medical Center, its employees, servants or agents from all claims, demands, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the part of Lea Regional Medical Center, its employees, servants or agents.

The Participant agrees to follow any and all rules established by Lea Regional Medical Center and any changes and amendments thereto.

Notice to Participant: Do not sign this agreement until you have read all the above information and had all your questions answered to your full satisfaction.

Participant's Signature _____ Date _____

Lea Regional Medical Center Staff _____ Date _____



**LEA REGIONAL
MEDICAL CENTER**

**Please fax to:
575-492-5505**

**or mail to:
Lea Regional Medical Center
attn: Marketing
5419 N. Lovington Hwy.
Hobbs, NM 88240**