DONATE THE WEIGHT to the
BRUCE DENNISTON BONE MARROW SOCIETY

PARTICIPANT REGISTRATION

REGISTRATION No. _____

ONE PARTICIPANT PER FORM.

MR. MRS. MS. DR. FIRST NAME LAST NAME PARTICIPANT IS A MINOR

(please circle one) _____ Yes___ No___

MAILING ADDRESS _____

CITY_____PROVINCE _____ POSTAL CODE_____

PHONE _____EMAIL_____

I AM PARENT OR GUARDIAN OF:

CHILD'S NAME	AGE

PARTICIPANT WAIVER (SIGNATURE REQUIRED FOR PARTICIPATION)

SIGNATURE OF PARTICIPANT	In consideration of being permitted to participate I, the undersigned, intending to be legally bound hereby, for myself, the child noted above, my heirs, executors and assigns, waive and release any and all rights and claims for losses and damages I may have against event organizers, the beneficiaries of the proceeds of the event, and all other event sponsors and their respective representatives, successors, and assigns for all injuries suffered by me in said event. I also give full permission for use of my name and/or photo in connection with the promotion of this event, including entering me into contests and recognizing my participation in the event. If participant is under legal age, participant waiver must be signed by parent or guardian.
SIGNATURE OF PARENT/GUARDIAN (IF PARTICIPANT IS UNDER LEGAL AGE)	

Participant's Body Fat Percentage

At Registration: _____% Date (January 2nd or thereafter): _____

Measurement after 4 weeks (optional): _____% Date: _____

Measurement after 8 weeks (optional): _____% Date: _____

Final Measurement: _____% Date (March 29th or earlier): _____

Individual's Total Percentage Decrease: _____%

Team name (if applicable): _____

_____ % Decrease: _____ _____ % Decrease: _____
Team Member's Name Team Member's Name

_____ % Decrease: _____ _____ % Decrease: _____
Team Member's Name Team Member's Name

Team's Combined Total Percentage Decrease: _____%