

Fort George G. Meade
DUMP YOUR PLUMP
Weight Loss Challenge
6 January – 26 February 2014
Gaffney Fitness Center, 6330 Broadfoot Rd, Fort Meade Md 20755

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____

Email: _____

Age: _____ Date of Birth: _____ / _____ / _____ Gender: ____ M ____ F

Shirt Size: S M LG XL 2XL 3XL

Check One: ____ Active Duty ____ Retired ____ Mil Spouse ____ Mil Dependant ____ Civilian

Check One: ____ Army ____ Navy ____ Air Force ____ Coast Guard ____ Marines

**** Teams: Turn in all four forms together****

Dump Your Plump Team Name: _____

Team Captain Name: _____ Phone #: _____

Team Captain Email: _____

WAIVER/RELEASE:

MUST BE SIGNED PRIOR TO PARTICIPATION

I have consulted with my physician and deemed eligible to participate in this exercise program and I understand I should not enter unless I am medically able. I agree to abide by any decision of the program officials relative to my ability to safely complete this program. I assume all risks associated with participating in this event. Having read this waiver and knowing these facts, I for myself and anyone entitled to act on my behalf waive and release the United States, The United States Army, CRD, FMWR programs, its sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. Further, I grant permission to all of the foregoing to use any photographs, motion pictures or any other record of event for any legitimate purpose.

Signature

Date