



MINISTRY OF HEALTH  
**CARIBBEAN Wellness DAY**  
**2013 Registration Form**

Registration fee (\$10.00) is NON-REFUNDABLE and NON-TRANSFERABLE

**INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Telephone Contact: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 T-shirt size: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_ XXXXL

**ROUTE:**

From the of the Ministry of Health (MOH) parking lot; Head West on Meeting Street; Turn Right (North) on Nassau Street; Continue on to West-Bay Street heading West to Saunders Beach; Continue on to Saunders Beach; Heading towards Go Slow bend continue on this route to Goodman's Bay. At Goodman's Bay go round the roundabout heading East on west Bay Street; Continue heading East on West Bay Street to Go Slow bend; Saunders Beach; Continue on to Saunders Beach; Head East to Nassau Street; Turn Right (South) on Nassau Street; Turn Left (East) on Delancy Street; Turn right into the exit of MOH parking lot to finish.

**DIVISION:**

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Team: \_\_\_\_\_  
 Walk: \_\_\_\_\_ Run: \_\_\_\_\_ Stroll/Push: \_\_\_\_\_  
 Age Group: \_\_\_\_\_ under 12 \_\_\_\_\_ under 20 \_\_\_\_\_ under 30  
                   \_\_\_\_\_ under 50 \_\_\_\_\_ 50 & over  
 Team Name: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_  
 Telephone Contact: \_\_\_\_\_

**WAIVER:**

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing such risk. I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against Ministry of Health, the sponsors, the volunteers, the participants, their representatives, successors and assigns for any and all injuries suffered by me in said event. I grant to Ministry of Health and Ministry of Health sponsors and licensees the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event. I further attest and certify that I am physically fit.

IF THE PARTICIPANT IS UNDER THE AGE OF 18, I, as the parent or guardian for the above named minor give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's medical records as necessary.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Parent/Legal Guardian  
 (if under 18)

\_\_\_\_\_  
 Date

