



**DIGICEL & BDF
 “Have a Heart” Charity Walk & Run
 BOOT CAMP/ WALK & RUN
 REGISTRATION FORM**

Proceeds in aid of
 The Precious Touch Foundation Inc.
 Barbados Defence Force Morale, Welfare and Recreation Fund

Registration Fees

- \$15.00 per session
- \$30.00 per week (3 sessions)
- \$150.00 for 6 weeks (for entire series)
- \$165.00 (6 week series & Walk and Run)

- | | | |
|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> SERIES 1 – 16 APR 18 – 25 MAY 18 | <input type="checkbox"/> 5pm – 6pm | <input type="checkbox"/> 6pm – 7pm |
| <input type="checkbox"/> SERIES 2 – 28 MAY 18 – 6 JUL 18 | <input type="checkbox"/> 5pm – 6pm | <input type="checkbox"/> 6pm – 7pm |
| <input type="checkbox"/> SERIES 3 – 9 JUL 18 – 17 AUG 18 | <input type="checkbox"/> 5pm – 6pm | <input type="checkbox"/> 6pm – 7pm |
| <input type="checkbox"/> SERIES 4 – 20 AUG 18 – 28 SEP 18 | <input type="checkbox"/> 5pm – 6pm | <input type="checkbox"/> 6pm – 7pm |
| <input type="checkbox"/> SERIES 5 – 1 OCT 18 – 9 NOV 18 | <input type="checkbox"/> 5pm – 6pm | <input type="checkbox"/> 6pm – 7pm |

(Kindly place a tick next to the Series and time you will be participating in; Boot Camp sessions will take place on Monday, Wednesdays & Fridays)

Name _____

Address _____

Phone _____ (home) _____ (cell) Gender _____ Age ¹ _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone Number/s _____

¹ Participants under the age of 18, require the consent of their parents/guardians. The consent form is on the next page.



DIGICEL & BDF
“Have a Heart” Charity Walk & Run
BOOT CAMP AND WALK AND RUN
MEDICAL & ACCIDENT WAIVER AND RELEASE OF LIABILITY

I, _____, certify that I am sufficiently fit to participate in the 2018 Digicel and BDF Boot Camp Series and Walk & Run, and have not been advised to not participate, by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation in the 2018 Digicel and BDF Boot Camp Series and Walk & Run.

In consideration of my application, payment and participation in the 2018 Digicel and BDF Boot Camp Series and Walk & Run, I hereby take action for myself, as well as my executors, administrators, heirs, next of kin, successors and assigns as follows:

A. I WAIVE, RELEASE, AND DISCHARGE the BARBADOS DEFENCE FORCE, DIGICEL AND PRECIOUS TOUCH FOUNDATION INC. from any and all liability, costs and claims, however arising from my participation in the 2018 Digicel and BDF Boot Camp Series and Walk & Run.

B. I INDEMNIFY AND HOLD HARMLESS the BARBADOS DEFENCE FORCE, DIGICEL AND PRECIOUS TOUCH FOUNDATION INC., the Physical Training Instructors, Assistant Physical Training Instructors, any members of the Morale, Welfare and Recreation Committee from any and all liabilities, costs or claims made as a result of my participation in the 2018 Digicel and BDF Boot Camp Series and Walk & Run.

C. I CONSENT to receiving medical treatment from the Barbados Defence Force Medical Unit which may be deemed advisable in the event of injury, accident, and/or illness during the 2018 Digicel and BDF Boot Camp Series and Walk & Run. I understand that I may decline this medical treatment and seek my own at my own risk.

D. I understand that while participating in the 2018 Digicel and BDF Boot Camp Series and Walk & Run, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the Barbados Defence Force.

This release shall be binding to the fullest extent of the law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN VOLITION AND FREE WILL.

Participant's Signature _____ Date _____

Participant's Full Name (PRINT) _____

TO BE COMPLETED FOR PARTICIPANTS WHO ARE UNDER THE AGE OF 18 YEARS

I _____ hereby give consent for my child/ward _____ to participate in the 2018 Digicel and BDF Boot Camp Series and Walk & Run. I certify that he/she is sufficiently fit to participate and that I have not been advised, by a qualified medical professional, not to allow her/him to participate. I certify that there are no health-related reasons or problems that preclude his/her participation and I also understand and agree that the provisions at paragraph A - D relating to waiver, release, indemnity and medical consent, apply to my child/ward.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Full Name (PRINT) _____
