

REGISTRATION FORM

Member ID: _____



Please print all information.

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

HOME PHONE NUMBER _____

CELL PH. NUMBER _____

EMAIL ADDRESS _____

MALE _____ FEMALE _____

BIRTHDATE _____ /
MONTH/DAY

HOW DID YOU HEAR ABOUT THE HEART & SOLE PROGRAM?

Please drop off your registration form on
the 1st or 3rd Wednesday of each month in the Food Court.

Waiver & Release: In consideration of the acceptance of my entry, I hereby for myself and my heirs, executors and administrators, waive and release all rights and claims for damages of every kind and nature, whether known or unknown, that I may have against program administrators, Desert Valley Hospital, Mall of Victor Valley, employees, and volunteers, for any and all injuries suffered by me by participation in the Heart & Sole program. I acknowledge that participation in the program is a potentially hazardous activity and I agree to comply with all the rules, regulations, and event instructions. I also state that I am in proper physical condition to take part in said event.



SIGNATURE _____

DATE _____