



Kamloops Woman's Health Conference 2013
January 12th, 9am-3pm at Ladies Only Gym

Please visit <http://www.facebook.com/HerSelfFirstKamloops>
www.kamloopsactivehealth.ca, or www.runclub.ca for full conference schedule and information.

REGISTRATION FORM

Please complete and return along with your payment before **Monday, January 7th (tshirt can not be guaranteed after Jan. 2nd)**

Fees: Conference fee of \$125 (cash or cheque) includes a t-shirt, your choice of sessions, snack and lunch.

Refund Policy: No refunds after January 2nd, 2013. Refunds prior to this are subject to a 20% admin fee.

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

How did you hear about the conference? _____

T-Shirt size (please circle): **Small Medium Large Extra-Large**

Please number the morning and afternoon sessions from 1-4 in order of your preference of attending (#1 being your first choice).

Morning Sessions:

Shawn Wenger Rhonda Eden (circle heart or dieting) Melissa Bradwell Holly Eburn

Lunch Hour:

I would like to participate in the lunch hour Pilates session with Cassie Marchuk

Afternoon Sessions:

Sabrina Sinclair Chiropractors Brittany Seibert Val Theroux

I know that fitness clinics have potentially hazardous activities associated with them. **I should not participate without prior approval by my physician.** I assume any and all other risks associated with these events, including but not limited to: falls, contact with other participants, the effects of weather including high heat and/or humidity, the conditions of the roads; all such risks being known and appreciated by me. Knowing these facts, in consideration of the Run Club and Kamloops Active Health, other facilitators, event sponsors, volunteers and organizers accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages sustained by me as a result of this clinic event, for any cause whatsoever, including negligence.

It is expressly understood by the undersigned that this clinic event is entered into at the sole risk of the undersigned and that the organizers and sponsors of the event are exempt from liability for any and all damages sustained and any and all injury and loss, including person and property loss arising from any cause whatsoever, including negligence. I hereby acknowledge having read this Release and Waiver and I understand and accept its terms.

Participant _____

Send completed registration form and fees to:
Kamloops Active Health, 865 Seymour St. Kamloops, BC V2C 2H6
Cheques payable to Kamloops Active Health, please do not send cash in the mail