



PARTICIPANT REGISTRATION FORM

EVENT: GNC FITNESS THROWDOWN - LEG 1
 DATE: 28 April 2013, Sunday 10:00AM
 VENUE: Alabang Town Center, Activity Area

Event Organizer's Copy

Last Name:		First Name:		T-shirt Size (S/M/L/XL):	
Date of Birth (MM/DD/YYYY):	Age:	Gender:	Blood Type:	Weight:	Height:
Company Name:		Mobile No:	E-mail Address:		
In case of Emergency, please contact:					
Complete Name:		Contact No:	Relationship:		

WAIVER OF LIABILITY

This is to certify that the information I provided above are truthful and correct. I fully understand that any recreational activity, exercise activity or actual competition activity that I undertake at The GNC Fitness Throwdown event may expose me to risk of personal injury. I agree that it is solely my responsibility and not the responsibility of the organizers of this event to require me to consult with a physician prior to commencing any such activities or programs, to remain under medical supervision if necessary, and to seek medical assistance in the event of an injury. I recognize that the use of the competition equipment and other facilities provided by the organizers of this event entail some risk of an injury to myself and to others and I agree that I will use such equipment and facilities with due care and responsibility. I hereby release GNC (dba Total Nutrition Corp.), the organizers and sponsors of this event from any form of liability from property damage, personal injuries or other claims arising from or in connection with my participation in the event.

I also grant permission to all of the foregoing to use my name, likeness and identity in any photograph, motion picture, ad or any other record of this event in perpetuity, throughout the world, in any media now known or developed later for any legitimate promotional purpose.

I have read and understood everything written above.

Participant's Printed Name and Signature

Date Signed

This portion is to be accomplished by organizers and/or appointed staff:

Payment Amount Received:	Payment Received by / Date:	GNC Branch/Partner Establishment:
P _____	Printed name & Signature / Date	

Please return this fully-accomplished Registration Form with Payment to the event organizers c/o Edwin L. Angeles. For questions and clarifications, please call or text (0917) 519-9906.

Participant's Copy

CLAIM STUB - GNC FITNESS THROWDOWN - LEG 1 ALABANG TOWN CENTER, 28 APRIL 2013

INSTRUCTIONS: Please present this CLAIM STUB at the Registration Area during the event to claim your GNC FITNESS THROWDOWN PARTICIPANT KIT.

Name of Participant: _____ **T-Shirt Size:** _____

This portion is to be accomplished by organizers and/or appointed staff:

Payment Amount Received:	Payment Received by / Date:	GNC Branch/Partner Establishment:
P _____	Printed name & Signature / Date	