

"MOVE YOUR BODY" CHALLENGE



PARTICIPANT REGISTRATION FORM

To help us track our fundraiser, please fill out and return this form ASAP to:
info@brucegreymethodship.ca or 517 11th Ave, Hanover ON, N4N 2S3

Participant/TEAM Name(s): _____

Contact Email: _____

Contact Phone #: _____

MOVE CHALLENGE DETAILS:

How far will you be moving?

What will be your mode of movement?

Rules:

- ✓ I agree to stay within my abilities and not take any unnecessary risks
- ✓ I agree to not do or go anywhere unsafe
- ✓ I agree to not trespass on private land

Waiver:

I/We agree to the above rules and accept full responsibility for our participation in the "Move your body" challenge. I/We release Bruce Grey Mentorship from all liability in any and all claims, accidents or injury during the event.

Signature of individual or group representative: _____