

Bodywize Athletic Development Strong Athlete Competition

Saturday Setember 29, 2012

Entry Form

Name _____

Address _____

City _____ State _____

Male ___ Female ___ Birthdate _____

Phone _____ Email _____

Signature _____

(participants under 18 also have parents sign also)

I understand the events of the contest have a potential risk of injury to mind or body and Bodywize Athletic Development and its owners and volunteers are not held responsible for my clumsiness. I assume the risk involved in participating in this event and I will perform at my best at all times.

Checks payable to:
Bodywize Athletic Development
4518 Renaissance Parkway
Warrensville Hts, Ohio 44128