



**USAG BAVARIA  
1000/500 POUNDS CLUB  
REGISTRATION/WAIVER FORM**

**PLEASE PRINT ALL INFORMATION**



\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Rank/Grade

\_\_\_\_\_  
UNIT

\_\_\_\_\_  
CMR

\_\_\_\_\_  
BOX

\_\_\_\_\_  
APO

Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Community: \_\_\_\_\_

In consideration for participating in this program, I the undersign hereby waive and release any and all rights for claims, for damages against U.S Army, Europe, USAG Bavaria F&MWR Sports & Fitness and any other agency associated with the conduct of this program which include all preparation in planning and execution. This waiver includes releasing the above-mentioned agencies, organizations and activities for any injury I might suffer while participating in this event. Additionally, I hereby authorized emergency medical treatment if needed.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_