

**Little Silver Dental Care**  
**presents**

**THE BIGGEST LOSER – PRINCESS CRUISER**  
**2012 OFFICIAL REGISTRATION FORM**

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Name

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Best Contact Phone Number

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e-mail Address

What are your most difficult foods/snacks/beverages to avoid while dieting?:

What is your overall purpose or goal for entering this competition?:

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WAIVER

I AM AWARE THAT THE ACTIVITY OF DIETING AND WEIGHT LOSS COULD BE HAZARDOUS TO MY HEALTH AND I HAVE BEEN ADVISED TO CONSULT WITH MY PHYSICIAN PRIOR TO PARTICIPATING IN SUCH ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE POTENTIAL DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I AM AWARE THAT THE PROGRESS AND RESULTS OF THIS CONTEST WILL BE POSTED ONLINE AND AUTHORIZE USE OF MY PERSONAL INFORMATION TO DO SO.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND LITTLE SILVER DENTAL CARE LOCATED IN LITTLE SILVER, NEW JERSEY, AND SIGN IT OF MY OWN FREE WILL.

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Participant Signature (must be over 21 years of age)