



Health Promotion Disease Prevention

28th Annual Wellness Conference

Ádaa Áháyá
Self care

REGISTRATION FORM

Please send completed registration form to health.promotion@wihcc.org or fax to (928) 289-6146.

For more information, contact WIHCC HPDP Specialist at (928) 289 - 6164.

<input type="checkbox"/> Male <input type="checkbox"/> Female		First Name:	Last Name:	
Phone Number:	Email:		Community:	
Please check one: Veteran: ____	School Age: 5 -18 y.o. _____	Adult: 19 - 54 y.o. _____	Elderly: 55+ y.o. _____	

Please check the day (s) you plan to attend.

- 28th Annual Wellness Conference
- 15th Annual Youth Wellness Conference

WAIVER OF RESPONSIBILITY:

In consideration of your direct or indirect acceptance of this entry, for myself, heirs, executors, or administrators, I hereby waive and release any and all rights and claims for damage I may have against sponsoring organizations or representatives for any and all injuries sustained by in any activity, including transportation to and from the site of such activity, related directly or indirectly to my participation of said activity. I hereby give my permission for the use and reproduction of video footage, photographs or audio recordings. I understand that any use of my image and/or voice will be for the purpose of Health Promotion at Winslow Indian Health Care Center. If person(s) photographed is/are minors, I attest that I am the parent or legal guardian and I give permission as outlined above.

Signature

Date