



LET'S MOVE TCI CORPORATE REGISTRATION FORM

COMPANY'S NAME: _____

Address: _____

Phone: _____

CONTACT PERSON: _____

Phone: _____ Email Address: _____

EMPLOYEE LIST:

Name	DOB	Email	Phone	Shirt Size

Important Notice:

Registration is a fee of \$20 per participant for the 12-week programme.

Waiver and Release of Liability

I hereby certify that the individuals listed above have consulted with their physician and are fully able to participate in all physical activities associated with Let's Move TCI. I know of no restrictions, physical impairments, or any other factors, which in any manner limit participation in such activities.

I also hereby authorize the Let's Move TCI committee to act in according to their best judgment in any emergency requiring medical attention and I hereby waive and release the TCISC, the Government of the Turks and Caicos, all partnered entities and utilized facilities from any and all liability for any injuries or illnesses experienced during or as a result of participation.

Name: _____

Signature: _____ **Date:** _____

Please submit forms and payment in person at the Sports Commission Offices in Grand Turk, South Caicos, Providenciales, or North Caicos. Forms and payment can also be submitted electronically, visit www.letsmovetci.com for instructions.

For more information, contact Let's Move TCI at info.letsmovetci@gov.tc