



**2021 REGISTRATION FORM**

Division(s) [Check]:  Fitness  Ms. Bikini  Figure  Model  MM Physique  MM Classic

**PERSONAL INFORMATION**

Full Legal Name: \_\_\_\_\_

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

City/Area: \_\_\_\_\_ State or Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height: \_\_\_\_\_ ' \_\_\_\_\_ " Weight: \_\_\_\_\_

**ABOUT YOURSELF**

Education Background(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Noteworthy Athletic and/or Competition Experience: \_\_\_\_\_

\_\_\_\_\_

Other Interesting Information About Yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lifetime Ambitions: \_\_\_\_\_

Sponsors: \_\_\_\_\_



## **ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, the Fitness Universe, Inc., the city and event venue where the event is held and their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that if I compete or otherwise participate in any other fitness competitions within 6 months following the Event, then I will forfeit any prizes, gifts or other remuneration not already awarded and/or received by me.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

And, in further consideration of permission being granted to me to participate in Fitness, Ms. Bikini, Figure, Model and/or Musclemania® Universe Championships and its related events (the "Event"), receipt of which benefit is hereby acknowledge, I hereby grant you, Fitness Universe, Inc., and any and all Fitness Universe, Inc., approved video or entertainment organizations, and all of their agents, successors, licenses and assigns, the right to photograph or otherwise reproduce (whether by film, tape, still photography or otherwise) my voice, appearance and name, and to exhibit, distribute, transmit, and/or exploit any and all such reproductions containing my voice and/or appearance in any and all media, including without limitation, by means of still photography, motion pictures, video, printing or any other media now known or hereafter devised, including also with respect to merchandising, advertising and/or publicity, and the right to use my name and information about me in any connection with the foregoing. The rights granted by me hereunder are granted for the entire universe and shall endure in perpetuity, and no further compensation shall be payable to me at any time in connection therewith. Nothing contained herein shall be deemed to obligate you, Fitness Universe, Inc., approved video or entertainment organizations, to photograph or otherwise reproduce my voice, appearance or name, or to make use of any of the rights granted herein. These rights may be assigned by Fitness Universe, Inc., at their sole and complete discretion.

I understand that you, Fitness Universe, Inc., approved video or entertainment organizations are videotaping and photographing the event in express reliance upon the foregoing, and I represent and agree that I am free to grant the rights granted to you, Fitness Universe, Inc., and any and all approved video entertainment organizations hereunder.

**I hereby certify that I have read this document, understand and agree to abide by its contents.**

_____	_____	____/____/____
<b>Print Participant's Name</b>	<b>Signature</b>	<b>Date</b>

_____	_____	____/____/____
<b>Parent or Legal Guardian (if under 18)</b>	<b>Signature</b>	<b>Date</b>



**2021 FITNESS UNIVERSE TOUR  
MEMBERSHIP APPLICATION & REGISTRATION PAYMENT FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

- Entry Fee - \$175 ; After May 1 - \$200
- Urinalysis Testing Fee - \$100
- 2021 Annual Membership Fee - \$50 (per calendar year)
- Submit Your Photo: [myphoto@fitnessuniverse.com](mailto:myphoto@fitnessuniverse.com)

Payment Type (check one):

Check or Money Order  Visa  Mastercard  Discover  American Express

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_

Security code on the back of card: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Issue Check or Money Order or complete Credit Card information and mail to:**

**Fitness Universe Tour**  
P.O. Box 6100  
Rosemead, California 91770 USA  
Fax (626) 280-0001  
[info@fitnessuniverse.com](mailto:info@fitnessuniverse.com)