

**2008 OFFICIAL REGISTRATION FORM**

**THE FACTS . . .**

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

Sponsor or Team Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Country: \_\_\_\_\_

Day Telephone:(\_\_\_\_) \_\_\_\_\_ Night Telephone:(\_\_\_\_) \_\_\_\_\_

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

**MEASUREMENTS . . .**

Height: \_\_\_\_\_ ' \_\_\_\_\_ "

Weight: \_\_\_\_\_ lbs.

Bust/Chest: \_\_\_\_\_ "

Waist: \_\_\_\_\_ "

Hips/Inseam: \_\_\_\_\_ "

Dress or  
 Suit Size: \_\_\_\_\_ "

Shoe Size: \_\_\_\_\_ "

**ABOUT YOURSELF . . .**

Athletic Experience: \_\_\_\_\_  
 \_\_\_\_\_

Modeling Experience: \_\_\_\_\_  
 \_\_\_\_\_

Academic Background: \_\_\_\_\_  
 \_\_\_\_\_

Family Background: \_\_\_\_\_  
 \_\_\_\_\_

Describe Your Ambitions: \_\_\_\_\_  
 \_\_\_\_\_

Why Should You Win Model Universe: \_\_\_\_\_  
 \_\_\_\_\_

Other Interesting Information: \_\_\_\_\_  
 \_\_\_\_\_

**APPLICATION CHECK LIST**

- Completed Application
- Swimsuit or Sportswear Photo
- Entry Fee - \$150  
 After Apr 30 - \$175  
 After May 31 - \$200
- No Refunds or Transfers

**FITNESS UNIVERSE**  
 P.O. Box 646  
 Rosemead, CA 91770  
 Fax (626) 280-0001  
 Submit Photos to:  
 myphoto@universeweekend.com



## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

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. and American Sports Network, Inc., Hyatt Regency Miami, the University of Miami, 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.

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 Model Universe Championships and their related events (the "Event"), receipt of which benefit is hereby acknowledge, I hereby grant you, Fitness Universe, Inc. and American Sports Network, Inc., and any and all Fitness Universe, Inc. and American Sports Network, 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. and American Sports Network, Inc., approved video or entertainment organizations, to photography 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. and American Sports Network, Inc., at their sole and complete discretion.

I understand that you, Fitness Universe, Inc. and American Sports Network, 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 American Sports Network, Inc., and any and all approved video entertainment organizations hereunder.

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

\_\_\_\_\_ / / \_\_\_\_\_  
**Print Participant's Name**                      **Signature**                      **Date**



## 2008 MODEL UNIVERSE PAYMENT FORM

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

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

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

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

- Event Entry Fee - \$150; After April 30 - \$175; After May 31- \$200**
- Submit Your Photo: [myphoto@universeweekend.com](mailto:myphoto@universeweekend.com)**

Payment Type (check one):

Check or Money Order  Visa  Mastercard  Discover  American Express

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

Issuing Bank: \_\_\_\_\_

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

**Issue Check or Money Order and Mail to:**

Fitness Universe  
P.O. Box 6100  
Rosemead, California 91770

**Or, Fax to:**  
(626) 280-0001