



Prevention Unit

Join the Sneakers on the Move Street Jam

MBS Headquarters, Nevis Street

Thursday 7th May 2026

Start Time: 5:00 PM

SWEAT
to the
BEAT

Full Name: _____

Address: _____

Contact Number(s): _____

Email: _____

Date of Birth: DD/MM/YY _____/_____/_____

Gender: Male Female

Age Category: under 18 18-29 30-39 40-49 50-59 60+

Number of accompanying person(s): _____

Do you have any current medical conditions that are covered by Medical Benefits Scheme?

Yes No

If yes, please specify _____

Registration - \$10.00

For More Information Call: 481-6266/6352/6361 | Let's Jam and Make Every Move Count!



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MBS Headquarters, Nevis Street**



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

The undersigned desires to participate in a course or recreational activity being offered by The Medical Benefits Scheme. The undersigned assumes all responsibility and risks pertaining to him/herself and that of accompanying minors related to or in any way connected with the course or activity.

PHOTOGRAPHS AND VIDEOS WAIVER

By signing below, I understand that Medical Benefits Scheme may take photographs and/or videos of participants and activities.

I agree that Medical Benefits Scheme shall be the owner of and may use such photographs and videos relating to promotion of the program. I relinquish all rights that I may claim in relation to the use of said photographs and videos.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT

I have read the foregoing Waiver of Liability, Hold Harmless Agreement and Photograph/Video waiver. I understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am fully competent; and I execute the Release for full, adequate, and complete consideration fully intending to be bound by same.

THIS IS A RELEASE WITH RESPECT TO ADULTS AND ACCOMPANYING MINORS

(Where applicable) - READ BEFORE SIGNING

Name of Participant: _____

Name(s) of Child (Children), where applicable _____
(PRINT)

(PRINT)

Signature of Participant or (Parent): _____ Date: _____

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