



# Get Fit



## Team Weight-Loss Challenge

January 2nd– March 27<sup>th</sup>

**All team registrations must be turned in by 6:00pm on January 4.  
Participants must weigh at the YMCA anytime 6am-6pm January 2-4.**

**Lose 5% of your body weight over the 12 week period and receive a \$20 gift card and a chance to win \$200 or \$100 cash prizes.**

Team registration fee: Team of 1: \$50 Team of 2: \$90 Team of 3: \$120

Includes weekly weigh-ins, up to 3 team sessions with a trainer or lifestyle coach, class discounts, team support, optional group activities and a special 3 month membership option for non-members.

**Team Name:** (Must be appropriate for public display.) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Team Member 1:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Gender:** M F **Age on 1/2/2017:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Team Member 2:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Gender:** M F **Age on 1/2/2017:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Team Member 3:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Gender:** M F **Age on 1/2/2017:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### Waiver and Release

I know that this weight loss /fitness program can be potentially dangerous. I am aware that it is strongly recommended that all participants obtain a physician's release before participating in this or any other fitness or weight loss program. I should not participate unless I am medically able and have consulted my doctor regarding possible health risks. I assume any and all risks associated with program participation and facility usage, all such risks being known and appreciated by me. I agree to abide by all decisions of the YMCA program staff and volunteers relative to my ability to safely complete this program. I also agree that before I use any equipment at the YMCA, it is my responsibility to learn the proper use of the equipment and facilities from YMCA staff. I understand my privilege to use YMCA equipment may be withdrawn if, in the judgment of YMCA staff, my use of the equipment or facilities shall be deemed unsafe or in violation of the rules of use. Knowing these facts, and in consideration of your accepting my enrollment, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Owen County Family YMCA, its employees and volunteers, and any and all sponsors including their agents, employees, assigns or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this program though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to all of the persons or entities in this waiver and/or agents authorized by them to use my photographs, videotapes, motion pictures recording, or any other record of this program for any purpose. Applications for minors will be accepted only with a parent's signature. If a parent is signing on behalf of a minor, then the parent agrees to defend and indemnify all persons and entities listed in this Release & Waiver against any claim brought against them by that minor at any time, arising out of the minor's participation in this program.

**Signatures:** (parent signature required if under 18)

**Team Member 1:** \_\_\_\_\_ **Team Member 2:** \_\_\_\_\_ **Team Member 3:** \_\_\_\_\_

**[www.owencountnymca.org](http://www.owencountnymca.org)**

**812-828-9622**