

# **BIGGEST LOSER BOOT CAMP**

## **REGISTRATION FORM 2012**

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

Male    Female   Height: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
(You will still need an official weigh-in)

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

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

City/St/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Which division are you competing in? Members of the same team do not have to be in the same division.    Weight Loss    Stay Fit

I am part of Team \_\_\_\_\_ (insert team name)

I am competing as an individual

Yearly member fee \$25.00    Non-member or one month member fee \$75.00

I have clearance from my doctor to start an exercise program.

Please read waiver carefully and sign below

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### **EXPRESSED ASSUMPTION OF RISK FOR MY PARTICIPATION IN ACTIVITIES OFFERED BY TOTAL FITNESS REC CENTER**

I (we), the undersigned, hereby expressly and affirmatively state that I (we) wish to participate in the programs offered by Total Fitness Rec Center. I (we) realize that my (our) participation in these activities involve risks of injury, including but not limited to muscle strains, sprains, shin splints, tendonitis, back injuries, heart attack and even the possibility of death. I (we) also realize that there are many other risks of injury including serious and disabling injuries which may arise due to my participation in these activities and that it is not possible to specifically list each and every individual risk. However, knowing the material risks and appreciating and reasonably anticipating that other injuries and even death are a possibility, I (we) hereby expressly assume all of the outlined risks of injury, all other possible risks of injury and even death which occur by reason of my (our) participation.

I (We) have had an opportunity to ask questions. Any questions which I (we) have asked have been answered to my (our) complete satisfaction. I (We) subjectively understand the risks of my (our) participation in these activities and knowing and appreciating these risks I (we) voluntarily choose to participate, assuming all risks of injury or even death due to my (our) participation.

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

Parent's Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**Absolutely NO REFUNDS.** If you are unable to participate we will issue a credit to be used at Total Fitness.

Staff Use: Date Paid \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Ck / Cash / CC   Staff initials \_\_\_\_\_