



2017 County Wide Fitness Challenge

Registration and Release Form

Name: _____

Age: 12 and under 46-55
 13-18 56-65
 19-35 66-75
 36-45 Over 75

T-shirt size: (Please circle one)

Adult size: Sm Med Lg XLg XXLg XXXLg

Children size: Sm Med Lg

Address: _____

Village/Town: _____ Telephone: _____

Email: _____

How did you hear about the fitness challenge? _____

I acknowledge that the Vulcan County Health and Wellness Foundation are not responsible for any health related risks associated with my participation in the Fitness Challenge. I release Vulcan County Health and Wellness Foundation and all of its employees or volunteers from any liability associated with my participation in the Fitness Challenge. I further acknowledge that my participation in the Fitness Challenge is purely voluntary and that the Fitness Challenge is a recreational activity. Any suggested activities or bonus points are undertaken at your own risk. If I have any health concerns I will seek advice from my family physician before making changes to my levels of physical activity.

Print Name: _____ Signature: _____

Signature of **parent/guardian** if participant is under 18: _____

Date: _____