

B FIT 4 LIFE CORPORATE CHALLENGE

Registration/Waiver and Release Form

Participant's Name: _____

Address: _____
Street City Zip

Telephone: _____ Team Captain: _____

E-Mail: _____ Company Name: _____

Age Group: 18-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60+ _____

Male _____ Female _____

Are you a current Get Healthy Lake Co. member? Yes _____ No _____

T-Shirt Size: Small _____ Medium _____ Large _____ XL _____ XXL _____ XXXL _____

INSTRUCTIONS: Each member of your B Fit 4 Life team should read the waiver and release, sign below with his or her legal name, and date the signature. Individuals not signing the waiver and release will not be permitted to participate in the B Fit 4 Life Corporate Challenge. Please return the completed Registration/Waiver and Release Form the week of December 4, 2011. Payment can be made by check made out to: Lake Health or cash.

LIABILITY WAIVER AND RELEASE

Read before signing

I acknowledge that those participating in the training, activities and events of the Lake County B Fit 4 Life Corporate Challenge will be exposed to the risks of serious bodily injury, sickness, or death due to circumstances inherent in such activities and events, including the negligent acts or omissions of others. I understand and am aware that there are a variety of specific risks and dangers inherent in voluntary sport and fitness activities and events such as B Fit 4 Life, including, without limitation, falls; collisions with other participants or stationary objects; adverse weather conditions; and those caused by other conditions where the training, activities and events will be held. In exchange for being permitted to participate, I agree that I am voluntarily participating in the B fit 4 Life training, activities and events and using such requisite equipment, facilities or premises and assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I further agree to familiarize myself with all equipment, facilities, rules and physical demands related to the activities I undertake.

I acknowledge that I am medically able and physically capable of participating and competing in the B Fit 4 Life training, activities and events. I am aware that medical support may be provided by volunteer and other personnel who may be called upon to provide assistance, including first aid. I consent and authorize any such personnel to assist me or perform such assistance or provide any medical treatment, in the opinion of such person, which may be necessary and appropriate. I understand further that any such medical or other services provided is not an admission of responsibility to provide any such services and is not a waiver of any said parties' rights under this agreement.

Having read this waiver and release and knowing these facts and in consideration of acceptance of my application for participation in B Fit 4 Life, I, for myself and anyone entitled to act on my behalf, do agree to release, hold harmless, and discharge Lake County YMCA, Lake Metroparks, Lake Health, and Lake County

General Health District, all other B Fit 4 Life sponsors, representatives (including event volunteers), any involved municipalities or other organizations and the boards, trustees, officers, employees of any of them, from any and all claims or liabilities of any kind arising out of my participation in B Fit 4 Life, even though that liability may arise out of negligence, recklessness, or carelessness on the part of the persons or entities named in this waiver. I further agree that, if in breach of this agreement, I institute any proceeding; I am responsible for all costs and attorneys' fees of any person or entity against whom I institute such proceedings.

I also grant permission to Lake County YMCA, Lake Metroparks, Lake Health, and Lake County General Health District, and all other sponsors of B Fit 4 Life to use any photographs, motion pictures, recordings or any other record of my participation for legitimate purposes.

HAVING READ AND UNDERSTOOD THIS WAIVER AND RELEASE, I VOLUNTARILY AND KNOWINGLY SIGN IT.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____