

## Spring 2023 Fitness Challenge Registration

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

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

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

Phone Number: \_\_\_\_\_

Medical ID (MUST Answer): \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Member Type (Check one): Employee  Dependent (18+)  Retiree  Spouse – Active  Spouse – Retired

Is this your first time participating in a WellPATH Challenge (Check one)?

Yes, First time!

No, my 2<sup>nd</sup>

No, my 3<sup>rd</sup>

No, 4 or more

Are you a Wellness Champion (Check one)? Yes  No

What site are you representing (Ex: Ed Center, NOT payroll)? \_\_\_\_\_

I commit to completing the full 6 weeks of challenge Yes  No

I have read and understand the challenge details packet Yes  No

**ACKNOWLEDGEMENT OF RISK/DISCLAIMER OF LIABILITY.** I represent: (a) my participation in the Program, whether I take part in activities on a group or individual basis, is at my own risk; (b) i understand that taking part in physical exercise, sport, fitness, and other recreational and or physical activity comes with an inherent risk of injury, illness, or even death; (c) I am in good physical condition and I'm capable of engaging in in my intended course of exercise in a safe and healthy manner; (d) I fully understand the risks inherent in undertaking a course of physical exercise and acknowledge that it is exclusively my responsibility to seek medical evaluation and clearance from my own physician before engaging in any physical exercise. I hereby attest that I have informed the Program of all medically related conditions that pertain to my health. (e) I agree to indemnify, hold harmless, and defend the program from liability for injury or death of any person(s) and damage to property which may arise from my participation in the program.

I acknowledge **that** I have read this Release of Liability and that I assume all **risk** involved with or arising from any and all participation in the Program.

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

By checking this box and typing my name above, I am electronically signing this Waiver.

Fax: (559) 705-6927    Text: (559) 548-3403    Email: [fusd@pinnacletrainingsystems.com](mailto:fusd@pinnacletrainingsystems.com)

Please send registration form to:

Drop Off: 6011 N. Fresno St. #120 Fresno, CA 93710

Please call Hunter Corrente at (559) 548-3403 for further information or assistance.

If you need reasonable accommodation as outlined in the Americans with Disabilities Act, please [check here](#).