

## 2025-2026 WellPATH Challenge Registration

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

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

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

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

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

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

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

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

Member Type (Check one):

- Employee
- Retiree
- Spouse- active
- Spouse- retiree
- Dependent-18+
- Dependent under-18 (additional consent form required- below)

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 acknow/edge 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 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.

## MINOR HEALTH & FITNESS LIABILITY WAIVER

I, \_\_\_\_\_ (parent/legal guardian) consent to the following  
for \_\_\_\_\_ (minor child): My child is voluntarily participating in a  
wellness challenge, exercise class, cardio-training, strength-training or group fitness at \_\_\_\_\_  
(FUSD site) provided by Pinnacle Training Systems, LLC.

I testify my child is between 12-17 years old. I recognize that the programs/classes require physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the above programs/classes or use of equipment. I represent and warrant that my child has no medical condition that would prevent his/her participation in the programs/classes. I agree to assume full responsibility for any risks, injuries or damage known or unknown which my child may incur as a result of participating in the programs, classes or use of equipment. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly and voluntarily and expressly waive any claim I may have against Pinnacle Training Systems, LLC. or any instructor, employee, officers, owners, personal trainer or volunteer of Pinnacle Training Systems, LLC for injury or damages that my child may sustain as a result of participating in the programs, classes or by use of equipment.

I, my heirs or representatives forever release waive, discharge and covenant not to sue Pinnacle Training Systems, LLC., its employees, officers, owners and sub-contractors for any injury or death caused by their negligence or other acts. I understand that misuse of equipment may result in injury.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Name (Print): \_\_\_\_\_

Minor Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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