



Get FIT Murfreesboro Challenge

First Name _____ Last Name _____

Street _____

City _____ State _____ Zip _____

Contact Phone _____

E-mail _____

Birth date _____ Paid by: Cash Ck on _____

Member of which Gym or organization: circle one

Not a member Anytime Fitness CrossFit Murf. CrossFit Ruth. Curves Gold's Gym MAC

Nissan Olympus Stronghold Fitness Verizon YMCA Fleet Feet Training Perfect Equip.

Trainer's Name (if applicable) _____

Emergency Contact Name _____ Phone _____

REFUND POLICY

No refunds will be given after the January 16th start date.

A confirmation email will be sent to you with further information regarding the evaluation dates and times.

_____ By placing my initials here, I understand and agree to the terms of this policy.

(See Back)



WAIVER AND RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Get FIT Murfreesboro Challenge, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this challenge is significant, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury or death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless FLEET FEET SPORTS, their agents, employees, coaches, volunteers, officers, directors, successors and assigns, the City of Murfreesboro, Strong Body Nutrition and any and all sponsors, their representatives and successors ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I attest that I am in good health and physically capable of participating in the Get FIT Murfreesboro Challenge, and my medical care provider has approved my participation. Further, I hereby release, consent to, and authorize, in advance, any such use of my name, photograph, voice or likeness by the foregoing parties in any manner they deem appropriate and necessary without remuneration to me.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Signature: _____ Date: _____

Name: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law.

Signature of Parent or Legal Guardian: _____ Date: _____

Name of Parent or Legal Guardian: _____