

Employee ID _____ Receipt # _____ Date _____

Bennett Park and Recreation District
455 S. First Street, Bennett, Co 80102
303-644-5040 www.bennettrec.org



WHAT'S MY GOAL?

WHAT LIFE CHANGES CAN I MAKE?

Biggest Loser MAINTENANCE

2019 Registration Form

- 8 weeks-16workouts w/personal trainers
Suzanne Ross & Garrett House
 - Tuesday & Friday nights
 - 5:45-7pm
 - April 9th – May 31st
- What you can expect: healthy recipes, nutrition guidance, amazing workouts, goal setting, support, motivation, and SUCCESS!

Winner will be awarded a 5 PERSONAL TRAINING SESSIONS (valued at \$200)

The fee is \$85 per person, due in full at the time of registration with a signed and completed registration form. CASH OR CHECK ONLY. 15 person minimum.

Name _____ Phone _____

Address _____

Email _____ Date of Birth _____

Emergency Contact _____ Phone _____

It is always recommended that you discuss starting a new exercise program or diet with your doctor before you begin. It is highly recommended you see your doctor if you answer yes to any of the following questions before signing up for the competition.

- | | | |
|--|-----|----|
| 1. Has your doctor said that you have heart trouble? | Yes | No |
| 2. Do you frequently have pains in your heart or chest? | Yes | No |
| 3. Do you often feel faint or have spells of severe dizziness? | Yes | No |
| 4. Has a doctor ever said your blood pressure was too high? | Yes | No |

Employee ID _____ Receipt # _____ Date _____

- | | | |
|---|-----|----|
| 5. Has your doctor ever told you that you have a bone or joint problem? | Yes | No |
| 6. Are you over 60 and not accustomed to vigorous exercise? | Yes | No |
| 7. Do you suffer from any problems of the lower back? | Yes | No |
| 8. Do you currently have a disability or a communicable disease? | Yes | No |
| 9. Is there any reason not mentioned that would prevent you from participating in an activity and exercise program? | Yes | No |

Please list any health or other concerns in the lines below. Use the back of this sheet if needed.

WAIVER

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of the said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participation in these programs/activities against the Bennett Parks and Recreations District including its officials, agents, volunteers and employee's. I do hereby fully release and forever discharge the Bennett Parks and Recreations Districts from any and all claims for injuries, damages or loss that my minor child/ward or I may have to which may accrue to me or my minor child/ward and arising of connected with or in any way associated with these programs or activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. I also acknowledge that the fee paid to join this program is not refundable or transferable under any circumstance or condition.

X _____
Signature

Todays Date