



LiveFit REGISTRATION FORM

July 11-August 8, 2020

Your Name _____

Address _____

City/State/Zip _____

Phone _____

Facebook Name _____ (Communication will be via Facebook)

*REMEMBER to always check with your physician before starting any exercise program!

Packet Pick-up & Weigh-in

___ Cardio Club Member \$50

___ Non-Member \$55

___ Biggest Loser CASH POT \$10

___ Cardio Club Tee or Tank \$15

TOTAL COST \$ _____

CHALLENGE FORMAT:

- Challenge runs from July 11-August 8 (4 weeks)
- Individuals challenge!
- This Challenge incorporates weekly challenges, weight loss, nutritional advice.

WHERE: ONLINE AND THROUGH ZOOM!

WHEN: Orientation and first check in Saturday, July 11, 2020 @ 9am. All participants are expected to ZOOM for orientation.

More information and challenge details can be found at www.thecardioclub.com Contact us at (607) 373-9000 or email raegan@raegan.com for more info!



I, _____ agree to participate in the **LiveFit Challenge** and I voluntarily, for myself, my personal representatives, heirs and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the **LiveFit Challenge** and related activities and shall not provide medical examination, treatment, advice, or counseling. I agree and represent that I am responsible to seek medical examination, treatment, advice and counseling from my personal physician
2. FULLY UNDERSTAND that: (a) the event and related activities involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, ILLNESS OR EVEN DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others, or the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; I FULLY ACCEPT AND ASSUME ALL SUCH KNOWN AND UNKNOWN RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I INCUR AS A RESULT OF MY PARTICIPATION IN THE LiveFit Challenge.
3. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the event organizer, its directors, managers, employees, volunteers, agents and representatives from ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, ILLNESS OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE, ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE EVENT.
4. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the **and Reed & Stewart Properties, LLC** from any loss, liability, damage, or cost that I may incur, arising out of or related to my participation in the event.
5. I EXPRESSLY AGREE that this Waiver and Release of Liability Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid,

I represent and warrant that: (a) there are no health-related reasons or problems which preclude or restrict my participation in the event; (b) I have read this Waiver and Release of Liability Assumption of Risk and Indemnity Agreement; (c) I fully understand its terms; (d) I understand that I have given up substantial rights by signing it; (e) I am aware of its legal consequences; and (f) I have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to. All participants must be at least 15 years of age.

Signature _____ Date _____ Parent or Guardian Signature (if under 18 years old)
_____ Date _____ Initial if OK!

CONSENT TO USE OF MY IMAGE, and grant to
Club & Delhi Dance Studio and Decker Advertising the right to use, reproduce, display, distribute and make derivative works, in any and all media, my photo, video or of my voice and likeness recorded while participating in the LiveFit Challenge.