

Challenge XI 2009 Return to the Moon! Registration Form

In honor of the
40th anniversary



LAUNCH DATE: November 1, 2009
SPLASH DOWN DATE: December 31, 2009

1. Name: _____

2. Address: _____

3. E-Mail: _____@_____

4. Daytime Telephone: _____

5. If BMG/Epic employee, list: Dept. _____ tel. ext. _____

6. Date of birth: _____

7. When it comes to increasing or maintaining a consistent exercise routine, I am:

- Not yet ready to change Thinking about changing Ready to change
 Making changes now On track

8. Please check your **Exercise Level**:

- Beginner** - currently exercise **less** than 30 mins. a day, 3 times a week.
 Intermediate - currently exercises 30-49 mins. a day, 3-4 times per week.
 Advanced - currently exercises 50+ mins. a day, 5+ times per week.

9. In the month prior to starting this program, how many days per week were you physically active (on average; 1-7 days)? _____

10. Please circle your t-shirt size: **Small - Medium - Large - XL - 2XL - 3XL**

11. Please circle your age category:

- | | | | |
|-------------|---------|---------|----------|
| a. pre-teen | d. 30's | g. 60's | j. 90's |
| b. teenager | e. 40's | h. 70's | k. 100's |
| c. 20's | f. 50's | i. 80's | |

Continued on back page

12. **Fees** - Include Challenge XI program materials, Challenge T-shirt, and the chance to win great prizes at our end-of-Challenge dinner party (small fee for dinner).

a. Participant fee: \$20.00 = \$ _____

b. Non-BMG/Epic affiliated participant: \$25.00 = \$ _____

d. Extra t-shirt (short-sleeve, size: _____) Qty. ____ x \$9 (2-3XL add \$5) \$ _____

Sub-total: \$ _____

Previous Challenge Participant? Subtract \$5.00: \$ _____

Total Fees enclosed: \$ _____

(check made out to ***“Beaver Medical Group”***)

13. **RELEASE** - Please read and sign

In consideration of your accepting my entry for this Challenge XI – Return to the Moon Challenge, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, **RELEASE** and discharge any and all rights and claims for damages which I may have, or which may hereafter occur to me against the Return to the Moon Challenge committee, planners, organizers, volunteers, Beaver Medical Group, L.P., EPIC Management Inc., sponsors, contributors, the persons, or organizations affiliated, their representatives, successors and assigns for any and all injuries suffered by me due to my involvement in the Return to the Moon Challenge. I will additionally permit free use of my name and pictures in broadcasts, television, radio, print, Internet, and any other form of media promotion. I attest and verify that I am physically fit to participate in the Return to the Moon Challenge, and I have my doctor’s approval to exercise, if such approval is needed. *There are no refunds if I withdraw or do not finish the Return to the Moon Challenge program.*

Signature (parent/guardian if under 18 years of age)

date

14. For more information:

E-mail: emedina@epiclp.com

Web: www.beavermedicalgroup.com

Tel.: 909-335-4131; FAX 909-307-0137

19. Send this completed form with payment to:

**Beaver Medical Group
Attn. Dr. Ernie Medina
Health Education Dept.
434 Cajon
Redlands, CA 92373**

SEE YOU ON THE MOON!