

Great Barrier Reef Fitness Challenge Registration Form



START DATE: January 16 – March 12, 2012

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 minutes/day, 3 times a week
 - Intermediate** – currently exercises 30-49 minutes/day, 3-4 times per week
 - Advanced** – currently exercises 50+ minutes/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**

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11. Please circle your age category:

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

12. Fees – Includes Activity Challenge Program Materials, Challenge T-shirt, and the change 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 = \$ _____
c. 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 Great Barrier Reef Fitness 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 Great Barrier Reef Fitness 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 Great Barrier Reef Fitness 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 Great Barrier Reef Fitness 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 Great Barrier Reef Fitness 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

15. Send this completed form with payment to:

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

SEE YOU SOON ON THE REEF!