

Walk4LIFE

October 2012

FITNESS CHALLENGE

Registration Form

Please return the following form to Health Education by Friday, **September 28.**

Please note: if you decide to participate as part of a team, please refer to the **Walk4LIFE Information Packet** for instructions and guidelines.

Contact Information:

Name

Address

Email

Telephone

Please complete this section if you'll be part of a team. Each team should consist of 3-5 walkers.

Team Name

Team Captain

Phone #:

Email

Member

Member

Member

Member

Please Indicate Your Current Fitness Level

- Beginner** – currently exercises less than 150 minutes per week
- Intermediate** – currently exercises at least 150-250 minutes per week
- Advanced** – currently exercises more than 250 minutes per week

Challenge Fee (check all that apply)

Fees include Walk4LIFE program materials, customized water bottle, and challenge prizes.

- BMG Patient:** \$15.00 Registration Fee
- Non- BMG Patient:** \$20.00 Registration Fee
- If you **participated in a previous challenge**, please subtract \$5.00.

Total Amount Enclosed: \$

Please make check payable to: **“Beaver Medical Group.”**

RELEASE- Please Read and Sign

In consideration of your accepting my entry for this Challenge – Walk4LIFE, 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 Walk4LIFE 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 Walk4LIFE 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 Walk4LIFE 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 Walk4LIFE Challenge program.

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

Date

For More Information:

E-mail: emedina@epiclp.com
Tel.: 909-335-4131
Fax: 909-798-4077

Send Completed Form To:

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