

Active for a
HEALTHIER Life

Registration and Disclaimer Form

Complete, sign, and return this form
to your team captain by February 17, 2012.

Please do not submit this form individually to the Employee Wellness Office.

Active for a Healthier Life 2012
February 27 – April 22, 2012

PLEASE PRINT:

EMPLOYEE NAME: _____

E-MAIL ADDRESS: _____

SCHOOL/OFFICE: _____

TOTAL POINT GOAL: _____

DISCLAIMER

I am aware that there are or may be potential risks in connection with my participation in these activities, including, but not limited to, the possibility of injury by my own actions or the actions of others, and I assume all risk of damage or injury that may occur. I have been informed of the rules and regulations governing participation, and I agree to abide by them. I represent that I am in good physical health with no conditions that would contraindicate my participation in this program. I further represent that at the time of signing this release, I am of lawful age and legally competent to execute this; and that before signing it, I have fully informed myself of its contents and execute it with full knowledge.

SIGNATURE

DATE

*****You are not registered to participate in the program
until this form is completed, signed, and returned.*****