Office use only

ID_____

Paid_____

Date_____

Fall Weight Loss Challenge

UR River Campus Edition

REGISTRATION 2018

Name _____

Department_____

Email _____

Phone _____

Program Rules

1. Each participant will pay a **non-refundable** fee* of $25 CASH to enroll in the program.
2. Program dates are October 4 – November 8, 2018.
3. Any participant that misses more than one weekly weigh-in will be disqualified from getting fees back.
4. Weigh-ins are held Thursdays 12:00-12:45 only at R-Club/Goergen Athletic Center.

Any participant losing 0.75% - 1.74% of body weight will get $5 returned to them at the end of the program.
Any participant losing 1.75% - 2.74% of body weight will get $10 returned to them at the end of the program.
Any participant losing 2.75% - 3.74% of body weight will get $15 returned to them at the end of the program.
Any participant losing 3.75% or more of body weight will get $20 returned to them at the end of the program.
*The participant(s) with the greatest weight loss will win a prize.

I understand that there are some risks involved with any weight loss program. My signature confirms that I acknowledge these risks and that I am choosing to enroll in this program voluntarily. It also confirms that I have read the rules and information on the program and that I agree to the rules of the program listed above.

Signature_____ **Date**_____

University of Rochester Medical Center
URMC Fitness Center
Non-Member Program Participation Agreement

In consideration of participating in a program sponsored by the University of Rochester Medical Center Fitness Center ("Center"), I hereby:

1. Agree to make myself familiar and comply with all the rules and regulations of the Center, its personnel and the program I am participating in, and to make myself aware of any changes as they occur. I understand that the Center has the right to terminate my participation if I fail to comply or if I fail to follow the instructions of Center personnel.

2. Understand that I will be engaging in a program and/or activities that involve the risk of serious injury, including permanent disability and death, which might result not only from my own action or inaction, but also from the action or inaction of others, the rules of play, or the condition of premises or equipment. I acknowledge that there may be other risks not known to me or foreseeable.

3. Grant permission, in the event of an injury, to have a doctor, nurse, athletic staff, or medical emergency personnel provide me with emergency medical treatment and agree that I will bear any costs associated with such treatment.

4. Release, waive, discharge, and covenant not to sue the University of Rochester, its employees, instructors, trainers, or agents for any and all claims, demands, losses, or damages on account of injury, including permanent disability and death, or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasers or otherwise.

I HAVE READ THE ABOVE AGREEMENT, INCLUDING THE WAIVER AND RELEASE, AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING BELOW AND AFFIRM THAT I **DO SO** VOLUNTARILY.

_____
Print name

_____ _____
Signature Date

_____ _____
Your E-mail Address Your Daytime Phone

_____ _____
Emergency Contact Name Emergency Contact Phone