



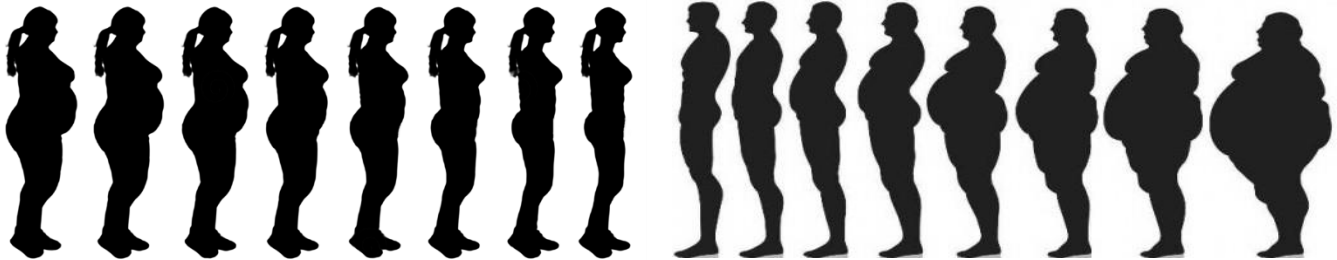
Office use only

ID _____

Paid _____

Date _____

New You



Transformation Competition

Name _____

Department _____

Email _____

Phone _____

Program Rules:

1. Each participant will pay a **nonrefundable** fee* of \$40 or \$25 (members) to enroll in the program.
**Cash or check made payable to "University of Rochester." * Credit cards are not accepted.*
2. Program dates are February 27 – April 18, 2017.
3. Participants will earn "pounds" in weight loss for each session attended.
4. Participants will be weighed confidentially once a week. Any participant missing more than 2 weekly weigh-ins will be disqualified from winning a prize and will be unable to use the Fitness Center for the duration of the program.
5. Prizes will be awarded to (at least) the 4 participants with the biggest percentage of body weight lost.
6. Participants that are not members will be able to use the Fitness Center during the program, once they have completed an orientation.

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
Fitness & Wellness Center
Non-Member Usage Agreement

In consideration of being granted admittance in the University of Rochester Medical Center Fitness & Wellness Center ("Center"), I hereby:

1. Agree to make myself familiar and comply with all rules and regulations of The Center, and to make myself aware of any changes. I understand that The Center has the right to terminate my membership if I fail to comply, or if I fail to follow the instructions of The Center's personnel. I understand that in the event of such termination, fees will not be refunded.
2. Agree that prior to participating, I will obtain instruction in the safe use of equipment and will inspect the equipment and facilities for dangerous conditions. I further agree that I will not participate in any activity or use equipment that I believe to be beyond my capabilities, and that I will report any dangerous or unsafe equipment to The Center's personnel.
3. Understand that I will be engaging in 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.
4. Affirm that I am in good health and able to use the equipment provided and participate in the activities sponsored by The Center. I understand that it is my responsibility to consult with a physician prior to executing this release regarding any past or present illness or condition affecting my ability to participate in programs sponsored by The Center and to restrict my participation in accordance with my physician's recommendations.
5. Understand that under no circumstances am I entitled to a refund of monies paid for membership, rentals, services and programs.
6. 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.
7. 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