

2018 Entry Form

Participants may enter the challenge as an individual contestant, a team, or in both categories. Entry fee must be paid for both categories if entering in both. Participants must be 18 and over at the start of the contest (March 1st).

Weight must be measured at certified locations and signed off by an official of weight loss challenge. Individual may not self-weigh or submit weight without official signature. Weight measurement is to be taken within one week of the start of contest (Feb. 23^{rd} – March 8^{th}) and during the last week of contest (May 24^{th} – 31^{st}), at the same location and similar lightweight clothing. No shoes, outerwear, accessories, etc. Weight to be measured to the tenth of a pound (example: 234.6 pounds).

Visit www.losingforlife.club for more information.

Contest begins March 1st. This form and payment is due by **March 8th** to be registered in the challenge.

Checks should be written to Rotary Club of Burlington Charitable Foundation

Please send to:
Burlington Rotary Club
P.O. Box 122
Burlington, CO 80807

Or drop off at:
Unique Dwelling
1966 Rose Avenue
Burlington, CO 80807

Losing for Life Accident Waiver and Liability Release for Participants

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released. "Losing for Life" is a voluntary weight loss challenge designed to improve health and promote a life change. I understand that my participation is strictly voluntary and I am free to discontinue participation at any time.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this challenge, and have not been advised to not participate by a qualified medical professional. I understand that, as with any weight loss/physical activity program, there are risks, and I should consult with my primary care physician for specific weight loss goals, dietary advice, and guidance prior to participating in the program. I certify that there are no health-related reasons or problems which preclude my participation in this activity, including pregnancy. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, or actions of any kind which may hereafter occur to me during this challenge, THE FOLLOWING ENTITIES OR PERSONS: The Burlington Rotary Club and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
- I acknowledge that the Burlington Rotary Club and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this challenge may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Weight loss supplements, surgeries, and water fasting are not permitted during the challenge.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I AM OF LAWFUL AGE AND AM LEGALLY COMPETENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature	Date	Participant's Name	
Participant's Signature	Date	Participant's Name	
Participant's Signature	Date	Participant's Name	
Participant's Signature	Date	Participant's Name	
Participant's Signature	Date	Participant's Name	
Particinant's Signature		Particinant's Name	

Entry Form

Please fill out in black or blue ink. Pencil is not permitted.

Individual Registration (\$60)

Name:		
Age: □18-39 □40 & over (Mark one)	□Male □Female (Mark One)	
Phone:	Email:	
Address:		
Weigh in/out location:		
Entry Weight:	Weigher's Signature:	
Weigh-In Date:		
Team Registration (\$200): 3-6 Participants		

Team Name:		
Team Leader:		
Weigh in/out location:		
Total Team Weight:	Weigher's Signature:	
Weigh-In Date (last person measured):		
Team Member Names & Registration: Please fill in back of sheet		

Name:	
Phone:	Email:
Address:	
Entry Weight:	Weigher's Initials:
Name:	
Phone:	Email:
Address:	
Entry Weight:	Weigher's Initials:
Name:	
Phone:	Email:
Address:	
Entry Weight:	Weigher's Initials:
Name:	
Phone:	Email:
Address:	
Entry Weight:	Weigher's Initials:
Name:	
Phone:	Email:
Address:	
Entry Weight:	Weigher's Initials:
Name:	
Phone:	Email:
Address:	
Entry Weight:	Weigher's Initials: