

# Madison Challenge Part II Registration Form

I have a team already.

I am registering as an individual and wish to be assigned to a team.

**Team Name** \_\_\_\_\_ **Team Captain's Name:** \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Company** \_\_\_\_\_ **Age\*** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Check here if NEW to Madison Challenge:** \_\_\_\_\_

\* Age Optional

I \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the "Madison Challenge" program offered by the Madison Chamber of Commerce during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the "Madison Challenge" program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the program.
3. In consideration of being permitted to participate in the "Madison Challenge" program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in the "Madison Challenge" Program, I knowingly, voluntarily and expressly waive any claim I may have against the Madison Chamber of Commerce, the Council on Health and Wellness and any committee members for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the Madison Chamber of Commerce, the Council on Health and Wellness or any committee members for any injury or death caused by their negligence or other acts.
6. I hereby authorize the Madison Chamber of Commerce, the Council on Health and Wellness and any committee members to collect basic health information from me solely for the purposes of facilitating my participation in the "Madison Challenge" program. I hereby waive any claim I may have against the Madison Chamber of Commerce, the Council on Health and Wellness and any committee members for any damages that I may sustain as a result of sharing such information.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Signature of Parent/Guardian (if participant is under 18 years of age) Date

There is a \$10 entrance fee per participant that includes access to health and wellness tips and admission to 8 health and wellness seminars., plus the June 6<sup>th</sup> Boot Camp. Register on line at [madisonchallenge.com](http://madisonchallenge.com), or send completed registration form and payment (check payable to Madison Chamber of Commerce), PO Box 706, Madison CT 06443, or drop them off at the Chamber office: 12 School Street, Madison. Complete payment must be received prior to start of challenge to be eligible to participate.

*Please note:* Specific rules of the Madison Challenge continue to be developed and will be published in the program booklet at the start of the challenge. Specific questions can be addressed by contacting Dr. John Mastrobattisto, Committee Chairman at 203-245-2639 or Eileen Banisch, Chamber Director at 203-245-7394 or [chamber@madisonct.com](mailto:chamber@madisonct.com).

**Madison Chamber of Commerce , PO Box 706 Madison CT 06443**

**Use this form or register ON LINE at [madisonchallenge.com](http://madisonchallenge.com). The Challenge starts on April 6, 2009**