

TCRHCC HEALTH PROMOTION DISEASE PREVENTION
2024 GET FIT CHALLENGE

REGISTRATION FORM

FIRST NAME

LAST NAME

MIDDLE INITIAL

GENDER

Male Female

AGE (MUST BE 8YO+)

PHONE NUMBER

DATE OF BIRTH

 / /

EMAIL ADDRESS

MAILING ADDRESS (PO BOX/STREET, CITY, STATE & ZIPCODE)

PLEASE SELECT RACE CATEGORY: 5k (8yo+) 10k (10yo+) 15k (12yo +)

TEAM TUBA CITY T-SHIRT SIZE

Y-L S M L XL 2XL 3XL 4XL

HOT CHOCOLATE RUN JACKET SIZE (PLEASE SELECT EITHER MENS, WOMENS OR YOUTH SIZE)

YM YL YXL

Men's Women's W-XS S M L XL 2XL M-3XL

EMERGENCY CONTACT INFORMATION: (MUST BE A RELATIVE NOT PARTICIPATING IN THE HCR EVENT)

NAME (FIRST/LAST)

RELATIONSHIP TO PARTICIPANT

PHONE NUMBER

Waiver and Release: In consideration for permitting me and/or my child to participate in the activities described herein, and intending to be legally bound, I agree, certify and represent on behalf of myself, my spouse, my child, and our respective heirs, executors, administrators, representatives, and/or assigns (if any), that I, my child, and been advised by a health care professional against participation in the activities described herein or any activities sponsored by the Tuba City Health Promotion Program (collectively "Activities"); (2) agrees to abide by all Tuba City Health Promotion Program rules; (3) is aware of the risks inherent in the Activities; that the Activities may be physical, require considerable running, starting, stopping, and physical exertion in heat and humidity, and involve other individuals and man-made and natural obstacles, and that the Activities could potentially lead to injuries including, but not limited to, overheating, dehydration, injuries, disability, death, and property damage; (4) will conduct him/herself at a level consistent with his/her skill while participating in the Activities; (5) maintains adequate health insurance to cover any injuries while participating in the Activities; (7) gives permission to the Tuba City Health Promotion Program to photograph the participant (including children) and use the Participant's name (collectively "Image") for purposes including publicity and publication of the Image in any medium and will not seek compensation for such; (8) has fully read and understands this Waiver and Release and acknowledges that this is a release of liability, a waiver of claims, and an assumption of risks; (9) assumes all risks and accepts full responsibility for any injuries, death, and/or property damage which may result from participation in the Activities; and (10) forever releases, fully discharges, and agrees to indemnify, defend, and hold harmless the Tuba City Health Promotion Program, Tuba City Regional Health Care Corporation, other Community to herein as "Releasees" from and against all claims, causes of action, responsibility, liability, damages, losses, costs and expenses (including attorneys' fees and court costs) attributable directly or indirectly to or arising out of the Participant's and/or Releasees' acts or omissions related to or connected with the Activity, the Image, and/or the Participant's participation in the Activity.

Participant Signature

Parent Signature (if under 18yo)

DETACH HERE (KEEP SCHEDULE FOR GROUP REMINDERS)

2024 GET FIT CHALLENGE TEAM HUDDLES

DATES	TIME	TEAM HUDDLES
Monday, September 23rd	6:00pm	Intro to GFC Training Program Presentation
Tuesday, October 22nd	6:00pm	Injury Prevention Presentation
Saturday, October 26th	7:00am	Group Run: Meet at the HPDP Fitness Center
Tuesday, November 12th	6:00pm	Strength Training Session Presentation
Saturday, November 16th	7:00am	Group Run: Meet at Moenkopi Legacy Inn Market Lot
Saturday, December 7th	7:00am	Group Run: Meet at Tuba City Old Airport
Tuesday, December 10th	6:00pm	Motivational Speaker

ALL GROUP PRESENTATIONS WILL TAKE PLACE AT THE HPDP FITNESS CENTER