

Checks Payable to:

**No Excuses**

103 N. 1<sup>st</sup> Ave

Clarion, PA 16214

814-541-0129

## No Excuses GET\*FIT CHALLENGE Registration Form

Participant Name: \_\_\_\_\_ ☐ Captain ☐ Team Member

Team Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ ☐ Male ☐ Female

Doctor (pcp) \_\_\_\_\_

IF you are Pre-Ordering a T-Shirt (add'tl \$10) Circle Size (will receive in March) S M L XL 2XL 3XL  
OR Check if you are ordering a hat \_\_\_\_\_  
Add \$5

### Contest Agreement & Release of Liability

I agree to follow the rules of the No Excuses GET\*FIT CHALLENGE as set in place by No Excuses and the contest Officials. I understand that honesty is incorporated, and agree to honor the values of the program in a fair and cooperative manner. I understand that any violation of the rules will result in disqualification from the contest. I agree to participate in the No Excuses GET\*FIT CHALLENGE, and understand that No Excuses and all contest sponsors are not liable for any injury or other personal incidents that may occur during the course of the contest. I am participating at my own risk, and I am aware that if I have any health concerns, I should acquire a release from my physician. I understand there are no refunds after Tuesday, January 7, 2020.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDIA RELEASE

I understand that this contest is open to the public/community, and the media will be utilized to share information about the contest. I agree to allow my name to be posted and mentioned on any media released by No Excuses or exploreclairon.com. **All personal weight statistics will be OMITTED from any media unless otherwise permitted by individuals for winners and spotlights!** I permit my photo to be used for media purposes. (Please note that we are here to support and motivate, we will only post photos that are appropriate and respectful).

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Official Use Only:

Initial Weight \_\_\_\_\_ Date \_\_\_\_\_ Final Weight \_\_\_\_\_ Date \_\_\_\_\_ % Lost \_\_\_\_\_

Registration \$30 \_\_\_\_\_ Shirt or Hat \$10 \_\_\_\_\_ Total \_\_\_\_\_ Paid on: \_\_\_\_\_ Ck # \_\_\_\_\_ Ca \_\_\_\_\_ Paypal \_\_\_\_\_