

---

---

## Fall into Fitness! Registration & Disclaimer

---

**Name**

---

**Address**

---

**City**

**State**

**Zip**

---

**Phone Number**

**Email**

*\*If doing challenge on-line you will receive a welcome email with a link to the website to create a user name and password.*

**Disclaimer:**

*The undersigned recognizes, as with any activity, there is risk of injury. The Undersigned releases the Lac qui Parle Health Network, event sponsors, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.*

*I am 18 or older, have read this release und understand all of its terms. **I agree** with its terms and sign it voluntarily.*

---

**Signature**

---

**Date**



**LAC QUI PARLE HEALTH NETWORK**

Working Together to Improve Local Access to Healthcare Services.

MADISON | APPLETON | DAWSON

---

---