

MOVE IT & LOSE IT
Morgan County
Registration Form

Name: _____ Male ___ Female ___ Age ___

Address: _____

Phone Number: _____ Alt# _____

Email Address: _____

I am participating as an individual ___ or team member ___.

I am participating in the weight loss (Lose It) _____.

Steps (Move It) _____ Both _____.

If participating as a team, Team Name: _____

Team Members (4 Participants):

1. _____ 2. _____

3. _____ 4. _____

I understand that I and/or my team must participate in the initial weigh-in during the week of January 18, 2010 and the final week of March 15, 2010 for the Lose It program to be eligible for prizes. If I am participating in the Move It program I understand that I and/or my team must have the step counting card turned in within a week of the program's conclusion, March 15, 2010.

I certify that I do not have any medical condition that would prohibit me from participating in either or both programs. If I have doubts about my physical capacity for exercise and/or weight loss I will consult with a physician before participating. I agree to not hold sponsoring organizations, their employees or any individual connected with this contest liable for any injury or condition resulting from participation in this contest.

Signature: _____ Date _____

Signature of Parent/Guardian: _____

Date: _____

(For participant under age 18.)