



Gold's/Women's World "Corporate Cup Challenge" Team Registration Form

What: Teams of 4 competing in:
5K Run, 10.5 mile bike, 1 mile kayak, strength & conditioning
Obstacle course for the kids---Corporate Adventure Course for employees

Where: Tom Brown Park, Pavillion 13

When: October 2, 2010 --- Welcome 8:00 AM
Run start: 8:15 AM Strength: 8:15 AM Kayak: 8:30 AM Bike start: 9:15 AM

Company Name: _____

Company Address: _____

Is your company presently a part of Working Well and are they currently building a wellness program for your company? _____

If yes, please provide us with your wellness team coordinator's name and contact information:

Name: _____ Email: _____

Team Leader Contact Information:

Name: _____ Phone: _____

Email: _____

Team Name: _____

List Team Members in the table below

Competition	Name & T-Shirt Size
Run	
Bike	
Kayak	
Strength	

Cost: \$25 per person or \$100 per Team—

Please write just one check per team and put company/team name on it.

- *Checks only- payable to Gold's Gym
- * Must pay when you turn in registration
- * Please have your forms turned in no later than Wednesday, September 22, 2010
- * There will be no race day registration
- * Race packets will be available at Women's World Gym, Oct. 1

Send Registration Form To:

Mary Barley
Gold's/Women's World
1819 Atlantis Place
Tallahassee, Fl 32303
Marybarley50@comcast.net
(850) 509-1953

For further information including course map, visit our website: www.workingwellonline.com

Liability Waiver—Must be signed by each team member and turned in with the registration form

Corporate Cup Challenge
WAIVER AND RELEASE OF LIABILITY

1. In consideration of my participation in the **Corporate Cup Challenge**, I hereby release and covenant not-to-sue *Gold's Gym and Women's World Tallahassee*, the owners, and any of their employees, trainers, or agents from any and all present and future claims resulting from gross negligence on the part of *Gold's Gym or Women's World Tallahassee* or others listed for property damage, personal injury, or wrongful death, arising as a result of my participation in or receiving instruction in physical exercise. I hereby voluntarily waive any and all claims resulting from gross negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.
2. Further, I am aware that strength, flexibility, and cardiovascular exercise, including the use of equipment, is a potentially hazardous activity. I am aware and understand that fitness activities involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, serious disability, and serious injury to all bones, joints, and muscles and that I am voluntarily participating in these activities and using equipment and machines with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to accept any and all inherent risks of injury or death.
3. I do hereby further declare myself to be physically fit and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machines. I acknowledge that I have either had a physical examination and have been given permission by my physician to participate, or I have decided to participate in the exercise activities programs, and use of equipment without the approval of my physician in said activities, programs and use of equipment.
4. I further agree to indemnify and hold harmless *Gold's Gym and Women's World Tallahassee* and others listed for any and all claims arising as a result of my participation in or receiving instruction in strength, flexibility, and cardiovascular activities or any activities incidental thereto, wherever, whenever, or however the same may occur.
5. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Florida and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the state of Florida.
6. I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the gross negligence of *Gold's Gym and Women's World Tallahassee* or any of the parties listed above.

Signature of Participant 1 _____(Date)

Signature of Parent if Participant is under 18 _____(Date)

Signature of Participant 2 _____(Date)

Signature of Parent if Participant is under 18 _____(Date)

Signature of Participant 3 _____(Date)

Signature of Parent if Participant is under 18 _____(Date)

Signature of Participant 4 _____(Date)

Signature of Parent if Participant is under 18 _____(Date)