

GET FIT CHALLENGE

Team Name: _____

Team Members (Please print)

Email

1. _____

2. _____

3. _____

4. _____

WAIVER

I agree that I am voluntarily participating in the wellness program offered by Campus Recreation and the Military Law Association "Get Fit Challenge".

I agree not to hold St. Mary's University or anyone directly or indirectly involved with this wellness initiative responsible for any injuries or illnesses that may come forth from my participation in this fitness program.

By participating in this program, I agree that it is my responsibility to check with my physician to ensure that I am physically able to participate in this fitness program.

1. _____

Participant Signature

2. _____

Participant Signature

Date

Date

3. _____

Participant Signature

4. _____

Participant Signature

Date

Date