

## Be Fit, Be the Difference Registration Form

### Participant Information

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
Street Address \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_

### Guardian - Contact Information

#### *Guardian (if applicable)*

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

#### *Supports Administrator*

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

### Emergency Contact Information – Alternate Pickup/Release

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to participant \_\_\_\_\_

### Provider Contact Information (if applicable)

Provider Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Is the participant presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is the participant allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Does the participant require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

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Program Cost per session: \$5 Includes water, snack and supplies

Please circle how you heard about Connection in Ohio's Be Fit Program

Be Fit Flyer\_\_\_\_ SSA\_\_\_\_ County Board News Letter\_\_\_\_ Word of Mouth\_\_\_\_ Other\_\_\_\_

### Terms of Agreement

#### Photo Release

I hereby give permission for the participant to be photographed during the **Be Fit Program**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although the individual's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Connections in Ohio and the Be Fit program.

Participant/Guardian's Initials \_\_\_\_\_

Connections in Ohio and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. **I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.** Participants photos and quotes may be used for publicity purposes.

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant/Guardian: \_\_\_\_\_

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**Billing Information: All Payments are due by the 6<sup>th</sup> of the Month, made payable to Connections in Ohio, Inc.**

PERSONAL CHECK

Name on Checking Account: \_\_\_\_\_

Check No. \_\_\_\_\_ Amount Paid \_\_\_\_\_

PAYEE AGENCY

Billing Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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## Be Fit, Be the Difference Registration Form

### General Information:

What goals would you like to accomplish while attending Be Fit?

Please list anything that motivates you?

Any special situation that we should be aware of?

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### ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Connections in Ohio, Inc., and/or their directors, employees, and the activity holders, sponsors;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Participant's Signature

Date

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Participant's Name  
(Please print legibly.)

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Guardian Signature (if applicable)

Date