

# Jay Community Center's 2017 Senior Get Fit Challenge

"Favorite Vacation Destination"



**WHAT:** **8 Week** Individual Weight Loss Competition  
 Winners Determined By % of Total Weight Loss  
 Weigh-ins are on Tuesdays and Thursdays 8:30-12:30 (**4 mandatory**)  
 Initial Mandatory Weigh in– May 2nd-9th  
 Final Mandatory Weigh In – Week of June 26th-29th

**WHEN:** **May 9th** through **June 29th** - You must be weighed in by **May 9th**

**REGISTRATION:** \$20 per Individual

Price Includes: Informational socials, informative newsletter, 5 "Get Fit" walks, a "Get Fit" t-shirt, and 4 day passes to use for the fitness center access.

**Prizes:**  
 1st Place Winner - **\$100.00**  
 2nd Place Winner - **\$75.00**  
 3rd Place Winner - **\$50.00**

Sponsors:



(Please cut along this line and return the lower portion to the Jay Community Center)

Individual Name \_\_\_\_\_ (*Favorite vacation destination*) **2017 Senior "Get Fit" Challenge**

**PARTICIPANT RELEASE:** As a participant of the Jay Community Center's 2017 Senior Get Fit Challenge, I agree to hold harmless and release the centers, directors, sponsors, and officials from any and all liability related to this event. I hereby give my consent for the Jay Community Center to use my photograph and likeness to be used in its publications, including its website and social media. I also have taken necessary precautions to ensure I am healthy enough to participate and release the Jay Community Center from any complications that may occur during the 2017 Senior Get Fit Challenge.

|    | Please Print Name (actual name) | Signature for Release of Liability |       | Shirt Size | M/F |
|----|---------------------------------|------------------------------------|-------|------------|-----|
| 1. |                                 |                                    |       |            |     |
|    | Address                         | Phone                              | Email |            | Age |
| 1. |                                 |                                    |       |            |     |

**Office Use Only:**

Fee Paid (Y/N) \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Charge, Check, or Cash \_\_\_\_\_ Employee \_\_\_\_\_ Receipt # \_\_\_\_\_