



START STRONG REGISTRATION

First and Last Name: _____

Email (required): _____ Phone Number: _____

T-Shirt Size: S M L XL XXL XXXL

Circle One: Member or Non-Member

YMCA Start Strong Hoodie (add \$25): YES or NO Hoodie Size: S M L XL XXL XXXL

Available teams are below with their team number. Please rank your top three preferences. Teams are capped at 15 participants.

KNOWLES

- Green Team: M/W 5:30 AM – 6:30 AM w/ Corey
- Aqua Team: M/W 5:15 PM – 6:15 PM w/ Dusty FULL
- Red Team: T/Th 5:30 PM – 6:30 PM w/ Kathy

FIRLEY

- Black Team: M/W 6:00 PM – 7:00 PM w/ Charlene

1st Choice

- Team Color: _____

2nd Choice

- Team Color: _____

3rd Choice

- Team Color: _____

Liability Release

I, the undersigned, request permission for _____ (participant name) to enter the Jefferson City Area YMCA (hereinafter "the YMCA") in Cole County, Missouri and to participate in the Y Weight Challenge. I know and I assume any and all risks related to my participation in the above activity, whether such risks arise while on or off the YMCA premises.

In consideration of the permission granted to enter the YMCA premises and /or participate in the aforementioned YMCA activity, I release and discharge the owners, operators, and sponsors, as well as, all other persons in any way related to the YMCA from all claims, demands, damages, actions and causes of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal injuries and/or damages to my property relating to my presence on the YMCA premises and/or participation in this YMCA activity to the extent those injuries and damages arise from the negligence of any fault of the YMCA.

I represent and certify that I am 18 years of age or older, and that my attendance and participation in this YMCA activity is voluntary. I CERTIFY THAT I HAVE READ AND THAT I UNDERSTAND THE FOREGOING REQUEST AND RELEASE. I ALSO UNDERSTAND THE YMCA'S CREDIT AND REFUND POLICY.

Participant (if 18 years or older)

Parent or Guardian, if minor

FOR OFFICE USE ONLY

Date: _____ Service Associate: _____ Amt. Paid: _____