



Name: _____

Address: _____

Email: _____

Phone: _____ Age: _____ Gender M / F

Category: Individual Male Individual Female

2 Person Men Team 2 Person Women Team 2 Person Mixed team

Name of Team _____

Team Members: _____
(First & Last Name)

"I acknowledge that my participation in the Movin' Mountain Slimdown Challenge is voluntary and not meant to supplant the advice of my primary health provider. I will check with my provider prior to beginning any new exercise or nutritional regimen, to ascertain appropriateness of that endeavor, given my age, health, and physical condition. I hereby release Jefferson County and the Jefferson County Public Health Department, their representatives, partner organizations and their successors from all liabilities and obligations for accident, injury, illness, or any dispute that may result from my participation in the program, and I hereby assume these risks".

Participant Signature: _____

Staff Use Only

Amount Paid _____ Self _____ Teammate _____

Cash _____ Check #: _____

County Employee _____ Spouse _____

MMG Employee _____

Receipt #: _____

Received by (Initials): _____