



Registration Form

NAME:

ADDRESS:

PHONE:

EMAIL:

Are you participating with anyone else? Please list their names:

1.	2.	3.
4.	5.	6.

Contest Waiver: Please be sure to read and understand the content on the following waiver. You must agree to its content to participate in this activity.

Contest Waiver

I am participating on a voluntary basis in the Town of Colma Biggest Loser Challenge. I understand that weight challenge/recreational/ athletic activities may result in injuries to the participants. I believe that I am in good enough health to safely participate in the Biggest Loser Challenge activity. (If over 35, it is advisable that this activity is cleared with your physician). I have read and agreed to the Town of Colma Liability Release as follows:

In consideration of the acceptance of my application for entry into each above activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the Town of Colma as a result of my participation in the activity. This release is intended to discharge the Town of Colma, its officers, officials, employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of persons or Town of Colma. I further understand that accidents and injuries can arise out of the activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I am aware of the cancellation policy and the penalties involved for activities for which I have registered myself and family. I realize that while participating in any Town sponsored activities myself or a family member may be photographed and that photo may be used for a future Town of Colma publication, report, flier and/or advertisement.

Print Name: _____

Signature: _____

Date: _____

Parental Consent: (To be completed if participant is under 18 years of age). I give my consent for my child _____ to participate in the above activity and I execute the above liability release on his/her behalf.



DATA COLLECTION FORM

DATE	WEIGHT	WEEK LOSS	TOTAL LOSS	WEEK PERCENTAGE LOSS	TOTAL PERCENTAGE LOSS
Initial Weigh-in 1/31/18		-	-	-	-
2/4/2018					
2/11/2018					
2/18/2018					
2/25/2018					
3/4/2018					
3/11/2018					
3/18/2018					
3/25/2018					
4/1/2018					
4/8/2018					
4/15/2018					
4/22/2018					
5/1/2018					
FINAL TOTALS					

Staff Notes:

