T-SHIRT SIZE

_____

Second 2010 Lose2Win Challenge

Participant Agreement

Name _____
Last First

Address _____ DOB _____

City _____State _____ ZIP Code _____

Phone ( ) _____

E-mail Address: please print clearly and clarify letters &numerals:

_____

Team Name _____

Emergency Contact _____Phone ( ) _____

Lose2Win Challenge Agreement

I understand that I have agreed to participate voluntarily in the ***Lose2Win Challenge*** from October 14, 2010 until November 23, 2010. I understand I may be offered a special package and/or membership to the participating fitness organizations during this period.

It is understood that all equipment and facility usage and all exercise shall be undertaken by the Participant at his/her sole risk and that Woodward Regional Hospital, its employees, servants or agents shall not be liable to him/her for any claims, demands, injuries, damages, actions or causes of actions, whatsoever to his/her person or property arising out of, or connected with, the use by him/her of the services or our facilities of the center or on its premises where the same is located. Furthermore, the Participant does hereby expressly forever release and discharge Woodward Regional Hospital, its employees, servants or agents from all claims, demands, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the part of Woodward Regional Hospital its employees, servants or agents.

The Participant agrees to follow any and all rules established by Woodward Regional Hospital and any changes and amendments thereto.

Notice to Participant: Do not sign this agreement until you have read all the above information and had all your questions answered to your full satisfaction.

_____
Participant's Signature Date

_____
Woodward Regional Hospital Staff Date