

**September 13**

**to**

**November 15**

**Fall 4 Fitness Health Challenge**



**Magna In Motion**  
Encouraging Healthy Lifestyles

Registration will begin is now open. The mandatory kick-off weigh-in will be September 13. The entry fee is \$35 per person or \$50 for a pair. The top weight loss Man and Woman will be awarded a cash prize (must meet contest requirements listed in contest rules). Also included with entry fee: Body Mass Index (BMI), Body Composition Analysis (Body Fat %), Basal Metabolic Rate (BMR). Optional: waist measurement, nutrition information and fitness opportunities.

**CONTEST ENTRY**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Please Print mm/dd/yyyy

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best phone to reach you: \_\_\_\_\_

Beginning Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

Entry: Individual \$35 \_\_\_\_\_ Pair \$50 \_\_\_\_\_

Charges will appear on your bank statement as \*XPRESS TRUCK MAINT\*

If entering as a pair, submit entry forms together. Name of partner \_\_\_\_\_

Payment: \_\_\_ Cash \_\_\_ Check \_\_\_ PayPal \_\_\_ Card Total paid: \_\_\_\_\_

Thanks to Xpress Truck  
Maintenance for helping  
process our credit cards

**PLEASE BRING THIS FORM AND PAYMENT TO THE KICK-OFF WEIGH-IN**

**TUESDAY, SEPTEMBER 13th , Come any time between 6-8 am or 6-8 pm Magna Recreation Center**

**THESE ARE THE MANDATORY WEIGH-IN TIMES, WE HOPE YOU CAN MAKE IT**

**THERE WILL BE NO EXCEPTIONS**

**Questions please call 435-850-7305 or email us at [magnainmotion@gmail.com](mailto:magnainmotion@gmail.com)**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Thanks to  
our sponsor:





**WAIVER AND RELEASE OF LIABILITY  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT  
(Participants must be 18 Years or Older)**

Event Organizer: Magna in Motion (Non-Profit)

Name of Event: Fall 4 Fitness Health Challenge

In consideration of permitting me, \_\_\_\_\_, to participate in the above-named event, I voluntarily, for myself, my personal representatives, heirs and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the Event and related activities and that I am qualified, in general good health, in proper physical condition to participate in such activity and have not been advised otherwise by a qualified medical person. I further acknowledge that the above named Event Organizer shall not provide medical examination, treatment, advice, or counseling. I agree and represent that I am responsible to seek medical examination, treatment, advice, and counseling from my personal physician, and I will immediately discontinue further participation in the Event if my physician or I believe conditions to be unsafe.
2. FULLY UNDERSTAND that: (a) the Event and related activities involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, ILLNESS OR EVEN DEATH ("RISKS"); (b) these risks and dangers may be caused by my own actions or inactions, the action or inactions of others, or the NEGLIGENCE OF THE "RELEASES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either known or not known to me or not readily foreseeable at this time. WITH INFORMED CONSENT, I FULLY ACCEPT AND ASSUME ALL SUCH KNOWN AND UNKNOWN RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES IN INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT.
3. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Event Organizer, its officers, elected officials, directors, managers, employees, volunteers, agents and representatives (collectively, the "Releases") from ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, ILLNESS OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, WHETHER CAUSED BY THE NEGLIGENCE OR RELEASES OR OTHERWISE, ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE EVENT.
4. HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases from any loss, liability, damage or cost that they may incur, arising out of or related to my participation in the Event.
5. EXPRESSLY AGREE that this Waiver and Release of Liability Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Utah and that if any portion thereof is held invalid, the remainder shall continue in full legal force and effect.
6. CONSENT TO USE OF MY IMAGE, and grant to Magna in Motion and its assigns the right to use, reproduce, display, distribute and make derivate works in any and all media, of my voice and likeness recorded while participating in the Event and any biographical information furnished by me to the Event Organizer. I hereby assign to the Event Organizer and it's assigns all rights in any intellectual property and work product that I create while participating n the Event, in consideration of such participation.

**I represent and warrant that: (1) there are no health-related reasons or problems which preclude or restrict my participation in the Event; (2) I have read this Waiver and Release of Liability Assumption of Risk and Indemnity Agreement; (3) I fully understand its terms; (4) I understand that I have given up substantial rights by signing it; (5) I am aware of its legal consequences; and (6) I have signed it freely and voluntarily without inducement, assurance, or guarantee being made to.**

**(Must be 18 years or older to participate)**

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_