

Total Health Chiropractic and Dewitt Township Present the
TOTAL HEALTH FITNESS CHALLENGE
On August 21st, 2011 at 8:00a.m.

Name: _____ Gender: _____

Race Day Age: _____

Shirt Size (Participants that sign up by August 3rd are guaranteed a race shirt): _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-Mail: _____

Please mail this form and check payable to Total Health Chiropractic to:
Avail Solutions
attn: Michelle Phillipich, Race Director
107 ½ East Grand River Ave.
Lansing, MI 48906

Waiver of Participation

ADULT AUTHORIZATION FOR EMERGENCY & ROUTINE MEDICAL TREATMENT AND RELEASE OF LIABILITY

I, _____ give my permission to Total Health Chiropractic and Dewitt Township, it's volunteers, employees, and representatives, to obtain or provide such emergency or routine medical treatment for me as they, in the exercise of their discretion, deem necessary or appropriate while I participate in any activity offered by Total Health Chiropractic and Dewitt Township. Further, in consideration of Total Health Chiropractic and Dewitt Township making this available to me, I, for myself, and anyone claiming under or through me, hereby release and discharge Total Health Chiropractic and Dewitt Township, its employees, representatives and volunteers from all liability, claims, demands, and actions, regardless of kind of character, connected with, arising out of, or in any way participation in such activity.

I attest that I am 18 years of age or more and that I do not have a legal guardian.

Signature: _____ Date: _____

ADULT CONSENT TO PHOTOGRAPH/VIDEOTAPE & DISSEMINATE WITHOUT COMPENSATION

I, _____, hereby consent to being photographed/videotaped while participating in any activity offered by Total Health Chiropractic and Dewitt Township. In addition, I consent to the reproduction and use of any such photographs and videotapes by Total Health Chiropractic and Dewitt Township for educational, public relations and promotional purposes and I waive any claim by myself, or anyone claiming under or through me, for compensation of any kind in exchange for photographs, videotapes and use.

I attest that I am 18 years of age or more and that I do not have a legal guardian.

Initial _____ Date: _____