



www.moveforwellbeing.org

Registration Form — Move for Well-being

Name: _____ Birth date: ____ / ____ / ____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Goal: Place a check mark next to the goal (Copper, Bronze, Silver, Gold) you will aim to achieve.

Copper: 75 minutes/week

Bronze: 150 minutes/week (*meets national minimum standard for recommended time/week*)

Silver: 225 minutes/week

Gold: 360 minutes/week

This program is for any Vermonter 50 and over who wants to improve their state of well-being.

INDEMNIFICATION, WAIVER AND RELEASE OF LIABILITY

By signing this form, I, the undersigned participant, hereby agree to indemnify, save and hold harmless the Vermont Senior Games Association, VSGA Board of Directors, all contributing companies and agencies, or any of their agents or representatives (collectively, "VSGA Parties") for my health, safety or any injury or death resulting from my participation in any Vermont Senior Games Association programs, events, or activities (each a "VSGA Event, and collectively, the "VSGA Events"). I have prepared myself for each of the VSGA Events which I am choosing to participate. I understand that there may be health risks associated with activities using physical exertion in a VSGA Event. The health risks include, but are not limited to, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. If I experience any of these or any other symptoms while exercising, I will discontinue the activity, notify the instructor of the VSGA Event, and consult my physician. The VSGA recommends consulting your physician prior to starting any fitness/wellness program, and in particular any VSGA Event. However, even consultation with your regular physician is in no way a guarantee against the possibility of adverse occurrences during the VSGA Events. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my personal physician and that I agree to consult my personal physician for further evaluation and such medical care as I require. I acknowledge that my participation in any VSGA Events is at my sole risk. To the best of my knowledge and belief I have no physical restrictions that would prohibit my participation in the program/activities I have selected.

In consideration for my voluntary participation in the VSGA Events, I, my family, heirs, executors, representatives, administrators, and assigns do hereby waive, release, and forever discharge the VSGA Parties; and my instructor in their individual capacity, from any and all responsibilities, liabilities and lawsuits, present or future, and causes of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use of or access to the VSGA Events and my participation in the VSGA Events. This waiver includes, but is not limited to such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise or recreation activity or fitness testing associated with the VSGA Events. I hereby agree to expressly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by the VSGA Parties or my instructor.

I certify that I have read the above Indemnification, Waiver and Release of Liability and have had any questions answered to my satisfaction.

Signature: _____ Date: ____ / ____ / ____

Check here to give permission for the VSGA to use images of you in our newsletter, website, and local newspapers in the reporting and promotion of events that have happened or will take place in the future.

Mail this form to: **Move for Well-being** 33 Adams Court Burlington, Vermont 05401-4100



www.vermontseniorgames.org



The Center on Aging
at The UNIVERSITY of VERMONT

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