**Paloozathon**

**Snowshoe-Bike-Run $10 pp**

**Sunday, January 19th (10am Haley Pond)**

**Participant 1**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_ Female\_\_\_** **DOB: \_\_\_\_\_\_\_\_\_\_ AGE:** \_\_\_\_\_\_

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip**

**EMAIL (weekly newsletters, promotions, class info): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RENTALS NEEDED:**

Bike: \_\_\_\_\_ Snowshoes: \_\_\_\_\_

**Participant 2**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_ Female\_\_\_** **DOB: \_\_\_\_\_\_\_\_\_\_ AGE:** \_\_\_\_\_\_

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip**

**EMAIL (weekly newsletters, promotions, class info): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RENTALS NEEDED:**

Bike: \_\_\_\_\_ Snowshoes: \_\_\_\_\_

**Participant 3**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_ Female\_\_\_** **DOB: \_\_\_\_\_\_\_\_\_\_ AGE:** \_\_\_\_\_\_

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City State Zip**

**EMAIL (weekly newsletters, promotions, class info): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RENTALS NEEDED:**

Bike: \_\_\_\_\_ Snowshoes: \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**For office use:** Staff Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Terms: Amt paid $\_\_\_\_\_\_\_ Paid in Full \_\_ Cash \_\_ Check #\_\_\_\_\_\_\_ c/c auth # \_\_\_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

**NAME *(Print Clearly)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE *(Daytime)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Evening)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOLD HARMLESS AND INDEMNITY AGREEMENT**

The facilities and activity programs offered by the Rangeley Region Rehabilitation and Wellness Pavilion have been developed to provide beneficial exercise and enjoyment without compromising the health and safety of those who utilize the facilities or participate in the activities. Because of the nature of the programs and equipment available in the Wellness Pavilion, there is an inherent risk of injury when taking part in any exercise activity.

The undersigned participant acknowledges the existence of risks as in connection with these activities. Furthermore he/she assumes such risks and agrees to accept the responsibility for any injuries sustained by him/her in the course of his/her use of the facilities, programs, and equipment. More specifically, the participant acknowledges and accepts risks in one or more of the following general areas:

1. The use of exercise equipment
2. Accidents or injuries which occur within the facilities provided by RRH&WP/Rangeley Region Physical Rehab and Wellness Pavilion. This includes the lobby, locker rooms, dressing rooms, hydrotherapy pool, showers, aerobics room and any other facility offered.
3. Participation in related activities and programs, supervised or unsupervised, made available by the Wellness Pavilion and RRH&WP: this would include seminars, classes, personal training, and student conditioning programs in or away from the facility.
4. Possible injuries or medical disorders arising out of the participant’s exercising at the facilities provided by the Wellness Pavilion, such as heart attack, stroke, heat stress or other muscular, bone and ligament, etc. injuries that may arise.
5. It is recommended that participants consult with their doctor before engaging in any activities offered at the Rangeley Region Physical Rehab and Wellness Pavilion.
6. Rangeley Health and Wellness reserves the right to revoke membership for conduct inconsistent with Fitness Center policies or law.

**The undersigned hereby agrees to hold RRH&WP harmless from any and all damage suffered by the undersigned as a result of the use of RRH&WP facilities and to indemnity RRH&WP against any and all loss, including attorney fees, for all claims made by whomever as a result of participant’s use of said facility.**

**In signing this application for membership, I understand and agree to the preceding. Acknowledging my understanding of these risks and rules set forth, I agree that in the event of injury and/or illness, that I or anyone that I undersign for voluntarily assumes full responsibility for exposure to such risks.**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_

**Additional family membership signatures are required.**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_

Thank you for your membership!

**The Board of Directors and Staff, Rangeley Region Health & Wellness Partnership.**