

# FITNESS CHALLENGE -TEAM REGISTRATION

## 3 Members

WEIGH-IN LOCATION – ADDRESS: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

YOU ARE RESPONSIBLE FOR SENDING (EMAIL: [Jim@FitnessCommitmentInstitute.org](mailto:Jim@FitnessCommitmentInstitute.org)) US YOUR TEAM PHOTO,  
WITH YOUR TEAM NAME SIGN (8 X 10 WHITE PAPER WITH BLACK BOLD INK - VERY LARGE LETTERS)  
**PHOTOGRAPH ONE WEEK BEFORE BOTH (Jan & Apr) WEIGH-INS FOR BACK-UP PURPOSES**

I, \_\_\_\_\_, as Team Captain and on behalf of my Team, hold harmless the 911 Fitness Challenge, as well as any and all companies associated with the 911 Fitness Challenge, of any injuries or physical illnesses if occurred while preparing and training during the course (12-weeks) of this competition. We understand and agree that the 911 Fitness Challenge has the final decision on declaring who the winners are of the 911 Fitness Challenge, without dispute. We consent and release the use of our photograph and body composition data to be used by the 911 Fitness Challenge, or any of the sponsors associated with the 911 Fitness Challenge for promotional purposes. Furthermore, we are responsible and liable for our own actions and daily exercise and nutrition, training regime.

\_\_\_\_\_  
Signature TEAM Captain, On behalf of the Team

\_\_\_\_\_  
Date

**COST: \$49.00 Per PERSON**

Name:
Birth Date:
Cell Phone:
Home Phone:
Occupation:
Agency Name:
Agency Phone:
Home Address:
Email:

Name:
Birth Date:
Cell Phone:
Home Phone:
Occupation:
Agency Name:
Agency Phone:
Home Address:
Email:

Name:
Birth Date:
Cell Phone:
Home Phone:
Occupation:
Agency Name:
Agency Phone:
Home Address:
Email: