

# TRANSFORMATION CHALLENGE

REGISTRATION FORM



## Personal Information

First Name

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Birth Date

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Student Number

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Email

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Phone Number

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Street Address

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Postal Code

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City

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Province

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Are you a full time or part time student? Please select one below.

Full time

Part time

How did you hear about the Transformation Challenge?

## Emergency Contact Information

Name of Emergency Contact

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Relationship with Emergency Contact

Phone Number of Emergency Contact

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## Health Background

Do you currently exercise?

Yes

No

If yes, how many times a week do you exercise?

1-2

3-4

5+

Do you have any of the following medical conditions? Please check all that apply.

Heart Condition

High Blood Pressure

Seizure Disorder

Joint Pain

Pregnancy

N/A

Other health conditions:

Note: If you have checked off any of the above, consult your doctor or physician before participating in this challenge.

What is your main goal for this transformation challenge? Please select all that apply.

Weight Loss

Weight Gain

Lean Muscle Mass Gain

Maintaining/Achieving a More Active Lifestyle

Other

Other goal(s):

Please explain in more detail below.

### **Transformation Challenge Guidelines**

A healthy transformation should be the result of healthier eating and exercising habits. Participants are on the honor system and should participate in a healthy and fair manner.

- 1st, 2nd, 3rd place winners base on a points system and rubric. The more your partici-pate, the more points you get towards your final score.

Do you understand the Transformation Challenge Guidelines above?

I understand

## Waiver and Release

In consideration for the privilege of participating in the above event, the nature and risk of which i have fully informed myself of and hereby assume, I hereby release you from any and all claims that I may ever have, either now or at any time hereafter, for damages resulting from personal injury, losses or expense of any kind, including damage to property, arising out of or in any way related to my participation in the event.

I accordingly agree not to take any legal action against you for any such damages, and I agree that this release shall be a complete defence to any such action.

I further agree to indemnify you with respect to any damages for which you are found legally liable to third parties as a result of any negligence or willful misconduct on my part in connection with this event.

I acknowledge that I have read this release, fully understand it, and have signed it without duress. I further acknowledge that this release shall be binding upon me and my heirs, successors and assigns.

Signature of Participant

Name of Participant

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(If participant is under the age of 18, the signature of a custodial parent or guardian is required.)

Signature of Witness

Name of Witness (Not an Organizer)

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Date

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Signed in duplicate, one copy to organizer and one copy to participant.

Please submit this form by emailing it to [msatransformationchallenge@gmail.com](mailto:msatransformationchallenge@gmail.com). We will get back to you soon!

