



Village of South Orange Department of Recreation & Cultural Affairs
 5 Mead Street, South Orange, NJ 07079
 Telephone (973) 378-7754, ext. 1
www.thebaird.org



SOFit 2016

THE SOUTH ORANGE HEALTH & FITNESS CHALLENGE REGISTRATION FORM/WAIVER

Registration begins December 21st for SOFit 2016—The 2nd annual **South Orange Health and Fitness Challenge**. As a participant in SOFit 2016, you will devise your own fitness and wellness program with the support of motivational classes, programs and activities that will be offered throughout the duration of the event. Weigh-ins will take place on the 2nd Thursday of the month beginning January 14th. Weigh-ins are optional but required for participation in weight-loss awards with winners determined based on the percentage of body weight loss. The final weigh-in will take place May 12th.

Join your friends and neighbors in a shared effort to get healthier and SO FIT in 2016!

REGISTER TODAY at the Baird or online at <https://apm.activecommunities.com/southorange>

Participation is limited to the first 150 registrants.

Fee: \$25

Participant Name: _____

Address: _____

Primary Phone #: _____ Date of Birth: _____ Sex: _____

E:mail Address: _____

Waiver of Liability and Hold Harmless: In consideration for being allowed to participate in a South Orange Recreation and Cultural Affairs program, I hereby, for myself, my child, my heirs, executors and administrators, agree to waive any claims, release and hold harmless the Village of South Orange, its officers, officials, employees, agents, and volunteers including class instructors, for any and all claims, injuries, damages, losses or suits, including all legal costs and attorney fees, arising out of or in connection with my participation in classes and activities with the Village of South Orange Department of Recreation and Cultural Affairs, now or in the future. I hereby agree to fully comply with the rules and regulations for participants, established by the Village of South Orange and I fully understand that I may sustain injury as a result of my participation in these activities.

Signature: _____ Date: _____