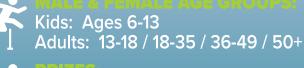




This event is designed to build confidence for a novice and challenge the elite. We will prepare you along the way with our NEW Training App, filled with how-to videos and a training plan to keep you on pace!

Training Starts Feb 3 with New Training App "HQ ANYWHERE"

Download instructions will follow



\$100 HQ Gift Card Per Adult Age Group Winner

REGISTRATION:

Before 1/15: \$30 Adults / \$10 Kids After 1/16: \$35 Adults / \$15 Kids

For full event details, visit

Indoor Obstacle Course

Participant's Name	:		Date of	Birth:	/	_/		
Address:		City		_ State	Zip			
Home Phone #:		Email Address:						
Emergency Contac	t:	Cell Phone #:						
Adult traini	•	eb 3 rd with the N tion: Before 1/15	• •	-	NYWHE	RE"		
After 1/15: \$35 Adults / \$15 Kids								
		Irday March 14 th natic registration for	•	•	6			
Sunday March 15 th , 2020 Adults (circle age group below)								
13	-17yrs	18-35yrs	36-49yrs	50+y	/rs			
Cancellation Policy: 7	here is a \$25.00	cancellation fee once th	ne enrollment form is re	ceived unles:	s the prog	am is cancel		

Cancellation Policy: There is a \$25.00 cancellation fee once the enrollment form is received unless the program is cancelled by HealthQuest. No cancellations will be accepted after the program begins. Credit requests due to injury or extended illness must be evidenced by a doctor's note. All credit requests must be made within 7 days of the injury or illness.

RELEASE STATEMENT:

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest of Central Jersey, LLC., its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest of Central Jersey, LLC. accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest of Central Jersey, LLC., its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Signature of Participant/Parent/Guardian :_____

<u>Method of Payment</u> (PLEASE CIRCLE)						
Cash	Check	Credit Card	Member Charge (CC on File)			
Account Number		Expiration Date:				
Signature:			Date:			