



INDOOR



Obstacle COURSE RACE

SUN, MAR 15, 2020



KIDS RACE
MAR 14
AS PART OF
KIDZ NITE OUT
5:30PM START



Nervous? Don't Be!

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



MALE & FEMALE AGE GROUPS:

Kids: Ages 6-13
Adults: 13-18 / 18-35 / 36-49 / 50+



PRIZES:

\$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 hqfit.com/hqocr



Indoor Obstacle Course

Participant's Name: _____ Date of Birth: ____/____/____

Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Email Address: _____

Emergency Contact: _____ Cell Phone #: _____

Adult training starts Feb 3rd with the New Training App "HQ ANYWHERE"

Registration: Before 1/15: \$30 Adult / \$10 Kids

After 1/15: \$35 Adults / \$15 Kids

_____ **Saturday March 14th, 2020 Kids Ages 6-13yrs**
(automatic registration for 3/14/20 KNO with Pizza)

_____ **Sunday March 15th, 2020 Adults (circle age group below)**

13-17yrs

18-35yrs

36-49yrs

50+yrs

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 : _____

Method of Payment
(PLEASE CIRCLE)

Cash

Check

Credit Card

Member Charge (CC on File)

Account Number _____ **Expiration Date:** _____

Signature: _____ **Date:** _____