



The City of Petersburg Annual 1000 LB Challenge - 2019 Registration

Name: Date of Registration:

Challenge Participation (please check all that apply)

Pure Weight Group Individual Points Challenge

Name of Organization (group participation only)

Email Address: Primary Telephone:

Address:

Birthdate: Age:

Do you wish to receive a FREE temporary membership at the YMCA? Yes No

WAVIER: I agree to Indemnify, and hold the City of Petersburg, Petersburg Family YMCA, Southside Regional Medical Center, Health Living and Learning Center, Petersburg Health Department and Virginia State University harmless for and against any and all liability, for any injury, which may be suffered out of and any way connected to my participation in this program.

Signature: Date:

I give permission to be photographed for Promotional purposed only. Yes No

Office Use Only:

