

Waldwick's Wellness Challenge 2016 SPRING into Wellness



Wellness Challenge Registration Form

First Name: _____ Last Name: _____

Address: _____

Town: _____ Zip Code: _____

Phone #: (____) _____ - _____ Date of Birth: ____/____/____ Age: _____

Email: _____

Weekly Weigh In Location: Library NWBRHC Health Center At Home

** Please note, you will want to use the same scale, at the same time every week for consistency **

Which Components of the Wellness Challenge Are You Planning to Participate: (Check all that apply)

Weekly Walks Weight Loss Challenge Health Education Programs

** In order to participate in the weekly weigh-ins, you must be at least 18 years of age and older **

** If Participant is under the age of 18, please fill out the following **

Legal Guardian Name: _____

Legal Guardian Signature: _____

Is there any way we could assist you in your goals to create a healthier lifestyle?



NorthWest Bergen
Regional Health Commission

Good Public Health Grows a Stronger Community

For information regarding the challenge & registration,
please visit www.nwbrhc.org or

waldwickwellnesschallenge@gmail.com



Community Health
Improvement Partnership
OF BERGEN COUNTY

Waldwick's Wellness Challenge 2016

Participation & Waiver (Mandatory)

Before beginning any weight loss or exercise regimen, an individual should consult with their personal physician to ensure that they are healthy enough to participate. By signing below, the individual agrees to take personal responsibility for any actions which are part of the Wellness Challenge. The individual agrees to hold harmless and waive any responsibility of the Borough of Waldwick, any individual or partner of the Borough of Waldwick in performing the Wellness Challenge, and any other municipality and their partners that are participating in performing the Wellness Challenge and any activity that may be offered throughout Bergen County as part of the Wellness Challenge.

Signature of Participant

Date

Signature of Legal Guardian If Under 18 Years Old

Date

Photo Release (Optional)

I grant NorthWest Bergen Regional Health Commission and the Borough of Waldwick the right to take photographs of me and/or my family in connection with Waldwick's Wellness Challenge.

I authorize its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that they may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature of Participant

Date

Signature of Legal Guardian If Under 18 Years Old

Date



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