

Fit-n-PHAT Application



Official Use Only	
Date Received:	_____
Received by Initials:	_____
Accepted:	____ YES      ____ NO
Date Applicant Notified:	_____

\*\*\*\*\*PLEASE READ and SIGN LIABILITY WAIVER/ASSUMPTION OF RISK FORM\*\*\*\*\*

Participant Information: (Please print clearly)

_____	_____	_____	Age (yrs): _____
<b>Name</b>	<b>Phone</b>	<b>E-mail address</b>	<b>Gender:</b> _____
_____	_____	_____	
<b>Mailing Address</b>	<b>City</b>	<b>Zip</b>	<b>Bengal Number</b>

**Weight (pounds):** \_\_\_\_\_      **\*Percent body fat (%BF):** \_\_\_\_\_

**Height (inches):** \_\_\_\_\_      **\*\*Body Mass Index:** \_\_\_\_\_

\*If %BF is unknown, FREE %BF measurements are available through the Wellness Center in Reed Gym #205A

\*\*Body Mass Index (BMI) Formula = weight (lb) / [height (in)]<sup>2</sup> x 703

**Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703.**

Example: Weight = 150 lbs, Height = 5'5" (65")  
 Calculation: [150 ÷ (65)<sup>2</sup>] x 703 = 24.96

How did you hear about the Fit-n-PHAT program? (check all that apply)

<input type="checkbox"/> Email bulletin	<input type="checkbox"/> Poster on-campus	<input type="checkbox"/> Online (website) _____
<input type="checkbox"/> Bengal Newspaper	<input type="checkbox"/> Friend/Family member	<input type="checkbox"/> Other _____

T-shirt size (adult sizes):      M      L      XL      XXL      XXXL

Submit your **\$20.00** application fee (cash or check payable to ISU), this application/waiver form, full body photo, and a one-page typed essay addressing:

- Your health & fitness goals
- Why you want to be a Fit-n-PHAT contestant
- Why you should be selected as a Fit-n-PHAT contestant
- What you hope to achieve in Fit-n-PHAT

\_\_\_\_\_(initial): I acknowledge supplements, injections of any kind, and surgeries for weight loss are prohibited, and pregnancy or breastfeeding during the Fit-n-PHAT program may be grounds for disqualification

Please bring this application/waiver form, health history questionnaire, \$20.00 cash or check payable to the ISU, full body photo and essay in person at:

**ISU Wellness Center office in Reed Gym #205A, Monday – Friday between 8:00 AM – 5:00 PM**

Or mail to:

**Idaho State University Wellness Center, 921 S. 8<sup>th</sup> Avenue - STOP 8109, Pocatello, ID 83209**

THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.  
[Parent/Guardian: obtain a notary seal on the reverse side at the time of signing this statement.]

**Liability Waiver and Assumption of Risk Form  
Fit-n-PHAT**

Definitions

“Event” means an ISU Wellness Center Fit-n-PHAT Program that University (defined below) sponsors on from February 20 – April 30, 2008 on behalf of its Wellness Center.

“Participant” means a person whose name and contact information appear on page 1 of this Form indicating an intent to participate in the Event.

“University” means Idaho State University.

Assumption of Risk

In exchange for University granting to Participant a privilege at the University to participate in the Event, I, the signing party, voluntarily assume any risk involved in connection with Participant participating in that Event. I understand that University staff may not directly supervise Participant’s Event activity and by participating in the Event, Participant becomes subject to a risk of injury including, without limitation: any temporary or permanent muscle soreness; sprain; strain; cut; abrasion; bruise; damaged ligament or cartilage; injured head, neck or spine; lost use of any arm or leg; eye damage; disfigurement; coronary failure; or death. I also recognize that any foreseeable or unforeseeable risk of injury or death may occur as a result of Participant’s participation in or the Event. Further, I recognize than any other person’s action in connection with the Event may cause harm or loss to Participant’s person or property.

I also affirm that Participant is **voluntarily participating** in the Event and further acknowledge that **I know, understand, and appreciate the inherent risks of physical exercise**. I know that the Event involves strenuous, sustained activity that can severely tax both a person’s cardiovascular and muscular systems. I know that participating in the Event can result in a broad range of injuries that include, without limitation: sprain, pulled muscle, knee or joint injury, paralysis or death. I assume full responsibility for any applicable injury or damage in recognition of the Event’s inherent risks. **I affirm and voluntarily assume risk for any injury that results in connection with the Event’s inherent risks.**

Public Use of Participant’s Likeness

I authorize to the University and any participant or spectator at the Event to use any photograph, videotape, motion picture, website image, recording or other record of the Event that includes – or does not include – Participant’s likeness.

Release of Liability

**I release the State of Idaho, the University, and any employee, agent or representative of each preceding entity (collectively, the “COORDINATING GROUP”) from any liability, claim, cost, expense, injury or loss – even if resulting from any negligent COORDINATING GROUP act – that Participant sustains as a result of participating in the Event. I also release the COORDINATING GROUP from liability arising from any loss or damage in connection with the Event that any other person causes to Participant’s person or property.**

If any legally-authorized tribunal determines any part or portion of this Release of Liability and Assumption of Risk to be invalid or unenforceable, then each remaining part or portion is enforceable. I am aware this Release of Liability and Assumption of Risk binds legally both the COORDINATING GROUP and me and I sign it of my own free will.

Signature: \_\_\_\_\_  
[Parent/Guardian, if Participant is a minor]

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The University strongly encourages each prospective Event participant to consult with a physician before participating in any physical activity to determine any potential condition that may adversely affect that prospective participant’s Event activity. The University encourages any person having any pre-existing condition to wear a medical alert bracelet or neck tag indicating any appropriate medical information. The University strongly recommends each participant to have a medical insurance policy – either through any University offered plan or through a non-University agency – that covers any injury or illness that occurs due to participation in the Event.

If the signing party has any question regarding this document’s language or details before signing, please contact the Wellness Center (Reed #205A) at 282-2117.

Bring completed registration/waiver forms and check payable to the University in person at:

**ISU Wellness Center office in Reed Gym #205A, Monday – Friday between 8:00 AM – 5:00 PM**

Or mail to:

**Idaho State University Wellness Center, 921 S. 8<sup>th</sup> Avenue - STOP 8109, Pocatello, ID 83209**

**THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.**

[Parent/Guardian: obtain a notary seal on the reverse side at the time of signing this statement.]