

**Remember to check with your physician before starting any fitness program.**

**All participants under the age of 18 must have signed consent from a parent or legal guardian.**

I know that any exercise may pose potential health and safety risks. I assume all risks associated with running, cycling, swimming and exercise including but not limited to: falls, contact with other participants, the effects of weather, traffic and conditions on any surface. Having read this waiver and knowing these facts, and in consideration of my participation in the Healthy Active Challenge, I waive and release any sponsor, director, volunteer from all claims and/or liabilities arising out of my participation in this program. I assume all payment for any and all medical emergencies of mine that arise. I certify with my signature that I have read all the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Team Registration Form

Form a team of 5-10 people. Choose a team captain & team name. **Complete both sections on this side of the brochure.** Team members must be from the Klamath Basin.

**Fax or Mail in Registration by April 6, 2007**

Team Name: \_\_\_\_\_

Team Category (include name of organization most of your members belong to):

- Business, specify: \_\_\_\_\_
- Organization, specify: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

Team Leader's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Team Member #2: \_\_\_\_\_

Team Member #3: \_\_\_\_\_

Team Member #4: \_\_\_\_\_

Team Member #5: \_\_\_\_\_

Team Member #6: \_\_\_\_\_

Team Member #7: \_\_\_\_\_

Team Member #8: \_\_\_\_\_

Team Member #9: \_\_\_\_\_

Team Member #10: \_\_\_\_\_

Can your team make a contribution to finance events & prizes? Y / N

If so, how much? \_\_\_\_\_

Please make any checks payable to OSU Extension Service. Thank you.

Healthy Active  
Klamath Coalition

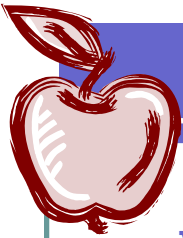


# 3rd Annual Healthy Active Challenge

## April 15–May 26 2007

Join the 6-week Challenge.  
Be part of a team.  
Earn rewards for eating better  
and exercising.  
Get support to stay on track.





HELP MAKE THE HEALTHY CHOICE THE EASY CHOICE

### Why Should You Join?

Do you feel like you're the only one trying to eat well and exercise? We want to help you get fit. With support from your co-workers, family and other social networks you can make positive changes that will "stick" long after the Challenge is over.

*"I don't feel alone in my efforts to be healthy" says one participant.*

Participation in the Challenge will give you:

- More energy and vitality.
- New ideas on how to move your body and eat better.
- More control of your health as you set goals for food and activity.
- Insight into your personal eating and activity habits.
- Support from coworkers and friends for making healthy choices.
- Inspiration from new exercise partners and eating buddies.
- Recognition for your personal and team accomplishments.

**Participation is Free!**

### What's Happening?

The Healthy Active Klamath Coalition is holding a 6-week Wellness Challenge, April 15-May 26th. Join a team of 5-10 people and set weekly goals on physical activity & fruit/vegetable intake. Track your progress daily and submit team points weekly to be eligible for prizes.

### How to Join—It's Easy

- Form a team of 5-10 people (co-workers, classmates, friends or family).
- Identify a team leader.
- Complete and submit team registration.
- Team leader attends the *Challenge Launch* at the Community Health Center, 2200 N. Eldorado  
     Tuesday, April 10th 5:30-6:30 pm **OR**  
     Wednesday, April 11th, 7:00-8:00 pm
- Team leader collects points at the end of each week and turns them in via website or fax.

Mail/Fax Registration by April 6th to:  
 Healthy Active Klamath Coalition c/o  
 O.S.U. Extension Service  
 3328 Vandenberg Rd  
 Klamath Falls, OR 97603  
 Phone: 541-883-7131 Fax: 541-883-4582  
 Email: mail@healthyactiveklamath.org  
 Website: healthyactiveklamath.org

**Check our website often for updates and results**

## Challenge 2007 Sponsors

### Primary Sponsor:



### Co-Sponsors:

**Southern Oregon Center for Obesity Surgery**



### Supporters:



Thank you also to the many organizations providing prizes and activities for Challenge participants.



**Healthy Active Klamath Coalition**

*Improving the health of Klamath County residents through the promotion of healthy eating and increased physical activity.*