



## 2017 FITNESS CHALLENGE APPLICATION

**Each participant must READ and SIGN below indicating his or her acceptance of the following Waiver and Release**

IN CONSIDERATION of being allowed to participate in the LAPRA 2017 FITNESS CHALLENGE ("FITNESS CHALLENGE") presented by the LOS ANGELES POLICE RELIEF ASSOCIATION, INC. ("LAPRA") the undersigned participant hereby personally assumes all risks in connection with said FITNESS CHALLENGE including any and all harm, injury or damage that may befall the undersigned in any way while participating in the FITNESS CHALLENGE, including all risks connected therewith whether foreseen or unforeseen. The undersigned understands and agrees that neither LAPRA, the City of Los Angeles, their officers, directors, employees, agents, representatives, attorneys, affiliates, sponsors, subsidiaries, related companies, successors and assigns (collectively "RELEASED PARTIES") may be held liable or responsible in any way for any injury, death, or other damages to the undersigned or my family, heirs, or assigns that may occur as a result of my participation in the FITNESS CHALLENGE or as a result of the negligence of any party, including the RELEASED PARTIES, whether passive or active.

The undersigned, on behalf of myself, my heirs, executor(s) and administrator(s) does hereby fully and completely to the maximum extent allowed by law waive, release and forever discharge the RELEASED PARTIES from any and all claims, charges, actions, suits, demands, obligations, damages, injuries, liabilities, losses and causes of action of every character, nature, kind or description arising out of or relating to my participation in the FITNESS CHALLENGE.

THE UNDERSIGNED HAS FULLY READ THE ABOVE AND HAS WILLINGLY SIGNED HIS OR HER ACCEPTANCE OF THE FOREGOING WAIVER AND RELEASE ON BEHALF OF MYSELF AND MY HEIRS.

Last Name, First Name	Serial #	Division Assignment	Starting Weight	Signature	T-Shirt Style & Size	
					M - Men's W - Women's	S, M, L, XL, 2XL, 3XL
1						
2						
3						
4						
5						
6						
7						
8						
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12						
13						
14						
15						
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21						
22						
23						
24						
25						

<b>Total Team Starting Weight</b>	<b>Designated Station Fund:</b>
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**NOTE:** The "START" weight must be listed for all team members up to 25. The weight loss for the 20 team members (minimum of 10 must be sworn) with the greatest percentage weight loss at the final weigh-in will be used by LAPRA to determine the total team weight loss.

Team Captain Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Co-Captain Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Captain OR Co-Captain Signature: \_\_\_\_\_

Commanding Officer Signature: \_\_\_\_\_ Email: \_\_\_\_\_