



Healthy Kids Club®

A program of UCHHealth

## Registration information

Get excited for an active and SAFE summer with the Fit Families Summer Challenge 2021. The Challenge is a modified version of our popular Fit Families FITPASS program, prioritizing health and safety considerations.

## How does it work?

**Registration is free!** Families will receive a tracking calendar with a menu of fun, family activities to complete, on their own, over the course of the summer. You will also receive a FITPASS membership card to use on a limited number of discounted activities including climbing walls, golf, stand up paddle boarding (SUP) and free days at the Farm at Lee Martinez. Families who participate in 25 activities by Aug. 15 will receive Fit Families Summer Challenge 2021 t-shirts and an entry into a prize drawing.

## Questions?

Email Laurie Zenner at [laurie.zenner@uchealth.org](mailto:laurie.zenner@uchealth.org).

uchealth

Organization/Agency  
(if applicable)

Summer 2021

# Register now for Fit Families Summer Challenge!

Please complete one registration form for the entire family. **At least one adult is required to register with kids 12 and under.** Thank you for printing clearly.  
Send registration form to:

**Laurie Zenner**  
**UCHHealth Healthy Kids Club**  
**1025 Garfield, Ste. A, Fort Collins, CO 80524**

**REGISTER ONLINE AT [HEALTHYKIDSClub.ORG](http://HEALTHYKIDSClub.ORG)**

Your name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address (for reminders, new information): \_\_\_\_\_

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

**Number of family members (5 & up) you are registering:** \_\_\_\_\_

### Waiver and Release

*Note: participating vendors may require additional waivers.*

I hereby release UCHHealth, its officers, its agents, its employees and any other people officially connected with this class or event, from any and all liability for damages, losses, injuries, expenses or loss of personal property, sickness or injury from whatever source which might occur while participating in this class or event. I further agree to release, acquit and covenant not to sue UCHHealth, its officers, its agents, its employees and any other people officially connected with this class or event for all actions, causes of action, claims or damages, damages in law, or remedies in equity of whatever kind, including the negligence of UCHHealth, against UCHHealth arising out of participation in this program. In short, I can neither sue nor collect any money from UCHHealth. By signing below, I agree that I have read, understand and agree to the terms of the Waiver and Release. I also understand and agree that UCHHealth may subsequently use for publicity and/or promotional purposes pictures of my child and/or my family participating in this program without obligation or liability to me. I have read and understood this consent and verify my compliance by my signature below.

Parent/Guardian Signature: \_\_\_\_\_

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



*Note that your personal information will be kept confidential.*