



# LAPRA 2009 FITNESS CHALLENGE APPLICATION

*Sponsored by the Los Angeles Police Relief Association, Inc.*

600 North Grand Avenue, Los Angeles, California 90012 – (213) 674-3701 – FAX (213) 674-3715 – EMAIL: 2009FitnessChallenge@Lapra.org

**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 2009 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.

Name	Serial No.	Div. of Assignment	Start (lbs)	End (lbs)	Signature	✓ CHECK T-SHIRT SIZE							
						S	M	L	XL	2XL	3XL	C/O INT	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
TOTAL TEAM WEIGHT													
ALTERNATE													

DESIGNATED STATION FUND \_\_\_\_\_ TEAM TOTAL START WEIGHT: \_\_\_\_\_ TEAM TOTAL END WEIGHT: \_\_\_\_\_

TEAM Captain Name & Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

TEAM Co-Captain Name & Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Commanding Officer Name/Assignment: \_\_\_\_\_ C/O Signature: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_