

# 1,000 POINT CHALLENGE

## INFORMATION

Log 1,000 minutes in this 5-week, self-paced challenge. 1 minute of exercise = 1 point.  
Lift weights, walk on the REC's outdoor trail, dance in Zumba or whatever you want!  
This is *your* challenge. Do what you love, when you can + track your own results.

## ELIGIBILITY

Open to All UTHealth Students + Current Rec Center Members  
10 Participant Minimum

## ENTRY "FEE"

*Includes: Prize for all 1,000 Point Finishers, tracking sheet, motivation + accountability!*  
FREE for UTHealth Students + Current Rec Center Members

## DATES

February 3rd—March 8th [5—Weeks]  
Minutes due every Monday by e-mail.

## DETAILS

Earn points for doing any type of physical activity.  
**1 minute of activity equals 1 point.**  
Complete 200 minutes of activity every week for **5 weeks** to achieve 1,000 points!  
Participants will be e-mailed a Tracking Sheet to submit weekly.

## REGISTRATION

Enrollment is open from Thursday, January 2nd – Monday, February 3rd, 2020.

\*To register, make sure membership is current + submit Registration Form by:

- (1) E-Mail to [corey.jefferson@uth.tmc.edu](mailto:corey.jefferson@uth.tmc.edu)
- (2) Fax to 713-500-8409—Attention: Corey Jefferson
- (3) At the Rec Center —Weekdays: 5:30AM—10PM, Saturday: 8AM—8PM + Sunday: 10AM—8PM

\*Once minimum # is met, registered participants will be notified.

## QUESTIONS?



**Contact Corey Jefferson**

Wellness Coordinator

[corey.jefferson@uth.tmc.edu](mailto:corey.jefferson@uth.tmc.edu) or 713-500-8427

[www.uth.edu/recreation-center](http://www.uth.edu/recreation-center)

### PARTICIPANT INFORMATION

<b>NAME</b>	_____ MALE _____ FEMALE
<b>E-MAIL</b>	<b>PHONE #</b>
<b>TMC INSTITUTION</b>	<b>DEPARTMENT/SCHOOL</b>

### ASSUMPTION OF RISK AND RELEASE WAIVER

I, \_\_\_\_\_, have volunteered to participate in the 1,000 POINT CHALLENGE activity at The University of Texas Health Science Center at Houston (UTHealth) Recreation Center. I realize that such exercise, in some circumstances, elicit certain complications such as abnormal blood pressure, dizziness or fainting, irregular heart rhythms and, in some instances, heart attack or stroke. I accept the risks associated with such exercise and understand that I may cease participation at any time and for any reason, including feelings of fatigue or any other discomfort or concern. I further understand that, in connection with participation in this activity, it is my responsibility to disclose all relevant information regarding my health status and any previous experiences of unusual responses, symptoms, complications or other issues due to physical effort. I also understand the importance of my promptly reporting any concerns or discomfort I may experience with effort during exercise. I hereby release and hold harmless UTHealth, The University of Texas System, and their regents, officers, employees and representatives from liability for injury or death or damage to property that may result from my participation in this activity. I have read this form and understand the procedures and risks involved and consent to participating in the 1,000 POINT CHALLENGE. Any questions I have regarding these procedures have been answered to my satisfaction. By signature below, I consent agree to all terms of this Informed Consent as set forth above.

<b>PARTICIPANT'S SIGNATURE</b>	<b>DATE</b>
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### FRONT DESK STAFF DIRECTIONS

Verify current member, ensure Registration Form is complete & put in binder for WELLNESS. No CSI Program Registration + no canned goods due yet.