

BENCH PRESS COMPETITION

INFORMATION

Men's + Women's Divisions with Multiple Weight Classes
1—Rep Max + a Personal Trainer will Spot

ELIGIBILITY

Open to all UTHealth Students + Current Rec Center Members
50 Participant Maximum—*Spots are limited!*

DATES + TIMES

Wednesday, March 28th from 12:00—1:00PM or 5:00—7:00PM
or Thursday, March 29th from 12:00—1:00PM or 5:00—7:00PM
Stop by anytime during the window!

ENTRY "FEE"

Includes: SWEATSHIRT for Division Winners, T-SHIRT for all finishers + friendly competition!
FREE for UTHealth Students + Current Rec Center Members

REGISTRATION

Enrollment is open from Monday, Monday, March 5th—Tuesday, March 27th, 2018.

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

- (1) E-Mail to 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

QUESTIONS?



Contact Corey Jefferson

Wellness Coordinator

corey.jefferson@uth.tmc.edu or 713-500-8427

www.uth.edu/recreation-center

PARTICIPANT INFORMATION

NAME	CIRCLE DIVISION + WEIGHT CLASS:
E-MAIL	
PHONE #	
TMC INSTITUTION	
DEPARTMENT/SCHOOL	
MEMBERSHIP CLASSIFICATION	

ASSUMPTION OF RISK AND RELEASE WAIVER

I, _____, have volunteered to participate in the BENCH PRESS COMPETITION 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 BENCH PRESS COMPETITION. 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.

PARTICIPANT'S SIGNATURE	DATE
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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 payment required.