Enrollment is open from Monday, March 5th – Sunday, March 25th, 2018.
*To register, canned goods are not due. 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
*Once minimum # is met, registered participants will be notified canned goods are due by end of the first week.

Questions?
Contact Corey Jefferson
Wellness Coordinator
corey.jefferson@uth.tmc.edu or 713-500-8427
www.uth.edu/recreation-center

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DISTANCE</th>
<th>WEEKLY AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWIM</td>
<td>8 MILES (1 MILES = 36 LAPS DOWN + BACK)</td>
<td>48 LAPS</td>
</tr>
<tr>
<td>BIKE</td>
<td>150 MILES</td>
<td>25 MILES</td>
</tr>
<tr>
<td>RUN</td>
<td>60 MILES</td>
<td>10 MILES</td>
</tr>
</tbody>
</table>

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I, _______________________________________________, have volunteered to participate in the IRONMAN 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 IRONMAN 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.

PARTICIPANT’S SIGNATURE

DATE