

# August 19 - 25

New Richmond, are you up to the challenge?

# CHALLENGE: 1 Million Calories

# **Group Calorie Burning Opportunities:**

**10, 8, or 6.2 Mile Training Run w/ NR Running Club** Sunday, August 19 @ 7am Mary Park

Boot Camp w/ Sara Rogers Monday, August 20 @ 6pm Starr Elementary

**Group Walk w/ Steph Hoff** Tuesday, August 21@ 6pm John Doar History Trail

**Bike Ride w/ Rick Nelson** Wednesday, August 22 @ 5pm Gibby's on W North Shore Drive

**Yoga on the Lawn w/ Wendy Dadez** Thursday, August 23 @ 6pm Westfields Hospital & Clinic

**Pickleball** Friday, August 24 @ 9am The Centre

**Corn Fest 5K (fee benefits NR Pathways)** Saturday, August 25 @ 9am The Centre

**Strong Human Competition** Saturday, August 25 @ 9am The Centre



Includes FREE week at the Centre

Run, bike, swim, and move your way to the community goal of 1M calories

Easy to submit your calories. An activity chart will be provided.

\$6000 will be donated towards New Richmond trails & pathways if we hit our goal!

Family Fresh will provide a \$100 gift card to 5 lucky participants. Improve your odds by taking part in group opportunities.

More info and registration at www.nracentre.com/million

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# Million Calorie Burn Brought To You By:

Westfields Hospital & Clinic New Richmond Pathway Committee

# www.nracentre.com/million



# **Registration Form**

#### ADULT OR PARENT/GUARDIAN INFORMATION

Last Name		_ First Name		MI
Address		_ City	State	Zip
Phone	Fmail			

Emergency Contact Name

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\_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

## PARTICIPANT & PROGRAM INFORMATION

First & Last Name	Birth Date	Centre Member		Gen	der	Program Name	Date(s)	Day(s)	Time	Rate
		Y	Ν	М	F					
		Y	Ν	М	F					
		Y	Ν	М	F					
		Y	Ν	М	F					

To receive the member rate for programs, participants (including children), must be a Centre member.

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low did you hear about this program?	Program Guide	Flyer			Friend
	Facebook	Lobby TV			Other
	Website	Bulletin Board			

### RELEASE AND WAIVER OF LIABILITY

All members and community participants are required to present a valid membership card or photo identification when using or to gain access to Centre facilities and programs. Membership privileges and cards are not transferable and remain the property of the New Richmond Area Centre, Ltd., and must be returned upon request.

I understand and agree that I, and my family, are solely responsible for determining whether my health condition is proper to allow me to participate in athletic, sports or activities programs or the use of any equipment. I agree that the New Richmond Area Centre, Ltd. its officers, agents and employees are not responsible for any injuries or illnesses that I may suffer as a result of participation in any activity sponsored by the Centre or resulting from the use or misuse of any equipment. I explicitly release and discharge the New Richmond Area Centre, Ltd. and its officers, agents and employees from any claim for injury, death, loss or damage I may suffer as a result of activities at the Centre facility or sponsored by the Centre.

The New Richmond Area Centre, Ltd. periodically takes pictures of members and participants to use for promotional purposes and program materials including program brochures and the New Richmond Area Centre, Ltd. website. If you do not want pictures of yourself or your family used in this way, please visit Welcome Center.

I understand that in the event my child needs immediate medical attention for injuries received while participating in a Centre program, I authorize Centre staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed. I hereby acknowledge that the Centre will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the Centre that indicates otherwise.

I understand and agree that the New Richmond Area Centre, Ltd. is not responsible for any property lost or stolen at the Centre's premises or while I am participating in any Centre activity.

#### Adult or Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_

CENTRE USE

Payment Type Payment Amount Date Paid Processed By