



Old Saybrook Bee Well Challenge



Frequently Asked Questions

How does the Old Saybrook Bee Well Challenge Work?

Participants form teams of between 4–6 people and earn points for different types of activities. These activities include physical activity, healthy eating, healthy mind and healthy environment. Each team captain will tally team member points on a weekly basis and email/mail to the Chamber.

What is my time commitment?

Participants are on the honor system with tallying points. Optional weekly seminars will be held providing information on healthy lifestyles, mind and environment.

When does it start?

Kick off date: January 11, 2010

Will prizes be awarded?

Prizes will be awarded to the top 3 teams at the completion of each 8–week session. These awards will be given out at a health fair where participants can learn more about healthy lifestyles and Chamber members can set up informational booths.

How to join?

Complete the registration form on the back and mail to Old Saybrook Chamber of Commerce, PO Box 625, Old Saybrook, CT 06475, or fax to 860–388–9433.

Is there a cost?

There is a \$10 registration fee for Adults, Seniors are free and children are free with an adult.

How can I find out more information?

Visit www.oldsaybrookchamber.com for complete information



Bee Well Challenge Registration Form

Start Date: *January 11, 2010*

- I have a team already.
- I am registering as an individual and wish to be assigned to a team.

Team Name _____ **Team Captain's Name:** _____

Full Name: _____ **Phone:** _____

E-Mail: _____ **Age:** _____

Address: _____

I _____ hereby agree to the following:

1. That I am participating in the "Old Saybrook Bee Well Challenge" program offered by the Old Saybrook Chamber of Commerce during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the "Old Saybrook Bee Well Challenge" program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the program.
3. In consideration of being permitted to participate in the "Old Saybrook Bee Well Challenge" program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation in the program.
4. In consideration of being permitted in the "Old Saybrook Bee Well Challenge" Program, I knowingly, voluntarily and expressly waive any claim I may have against the Old Saybrook Chamber of Commerce, the Council on Health and Wellness and any committee members for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue the Old Saybrook Chamber of Commerce, the Council on Health and Wellness or any committee members for any injury or death caused by their negligence or other acts.
6. I hereby authorize the Old Saybrook Chamber of Commerce, the Council on Health and Wellness and any committee members to collect basic health information from me solely for the purpose of facilitating my participation in the "Old Saybrook Bee Well Challenge" program. I hereby waive any claim I may have against the Old Saybrook Chamber of Commerce, the Council on Health and Wellness and any committee members for any damages that I may sustain as a result of sharing such information.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant

Date

Signature of Parent/Guardian (if participant is under 18 years of age)

Date

Please mail/fax registration form and payment to:

Old Saybrook Chamber of Commerce
PO Box 625, Old Saybrook, CT 06475
Phone: 860-388-3266 Fax: 860-388-9433
Website: www.oldsaybrookchamber.com
Contact: dstevenson@robertsphysicaltherapy.com

Payment Information

- Check # _____ Amount _____ Enclosed
- Visa/MC _____
- Exp Date _____ CVV _____