



HEALTHY REBOOT- REGISTRATION FORM

If you would like to take part in the VEBA Resource Center’s Healthy Reboot program, voluntarily please fill in the following registration form and mail/return to the VEBA building, located at 1843 Hotel Circle South, San Diego CA 92108. In order to protect your PHI, we recommend using a high-security envelope. You may also choose to fax the registration form to the VEBA Resource Center (VRC) using the following secure number: (F) (619) 398-4251.

Event registration must be completed at least seven (7) days prior to the event. If you have any questions or concerns, please contact a VRC Care Coordinator at VRC@mcgregorinc.com or 619-398-4220.

Last name: _____	First name: _____
Date of Healthy Reboot Program: _____	
Street address: _____ Address line 2: _____	
City: _____ State: _____ Zip code: _____	
Email: _____	
Phone: (____) _____ - _____	
Do you have any dietary restrictions or food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any food allergies: _____	
Please specify any dietary restrictions: _____	
Do you have child care needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many children? _____	
Please state age(s): _____	
Personal information for SECA biometric screenings:	
Height: _____	
DOB (mm/dd/yyyy): ____/____/_____	
Gender: _____	
Ethnicity (please circle one):	
Caucasian	Asian
South & Central American	African American
Other	
For giveaways (please circle one):	
I would like to receive a: VEBA polo shirt VEBA water bottle	
For VEBA polo shirt, please circle your size (shirts run small): S M L XL XXL	





VEBA RESOURCE CENTER ACKNOWLEDGMENT AND ASSUMPTION OF RISK

The VEBA Resource Center is not a medical facility. No member of the staff is qualified or licensed to offer medical examinations, diagnosis, consultations, recommendations or opinions. Physical exercise can be strenuous and may cause serious injury. Each member is hereby advised that he or she should obtain a thorough medical examination by a licensed medical doctor, and should consult with such doctor as to the appropriateness of the member engaging in the fitness, exercise or other programs offered by the VEBA Resource Center.

As part of the program, and from time to time, the VEBA Resource Center may offer information, suggestions or recommendations involving diet and/or the use of food supplements; and may offer food, beverages and other dietary items during the program. Dietary and food supplement changes can be dangerous and can cause serious injury or illness. Each member is hereby advised that he or she should have a thorough medical examination by a licensed medical doctor, and should consult with such doctor as to the appropriateness of the member making any dietary or food supplement changes.

I expressly agree to indemnify and hold the VEBA Resource Center (employees, representatives and agents) harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my guest, during or in connection with the activities.

I agree to be solely responsible for the safety and well-being of my guest and myself.

I agree to comply with all rules imposed by the VEBA Resource Center regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and agree that the VEBA Resource Center is not responsible for property that is lost, stolen, or damaged while I am in, on, or about the premises.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Name: _____ Date: _____
(Please print)

Signature: _____