

The Nick Beakas Personal Training Studio

2015 Beakas Battles

Saturday, 8/1/15 (Team)

Sunday, 8/2/15 (Individual)

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

The team competition will consist of teams of four contestants. There will be three rounds of four events where each competitor will participate in one of the four events for each round. Times will be assigned to each team to compete.

There will be a scoring system in place to determine team rankings. For example, if there are 10 teams, after an event, the team whose individual finished 1st will receive 10 points, 2nd will receive 9 points, 3rd will receive 8 points, etc., all the way down to last place receiving 1 point. In the end, the team with the most points wins!

The Individual competition will be more advanced with the same scoring system and will have Ninja Warrior influences. Each contestant will be given 3 attempts at the course with the best time being used for the official run. If the course is not completed, how much of the course has been completed in how much time will be the next determining placing factor.

Entry Fees: \$25.00 per contestant, non-refundable. Cash or checks made payable to Nick Beakas Personal Training. Deadline to register is July 25th, 2015.

Team Name _____

Team Members _____

Please contact Nick to request assistance in forming a team.

Stay tuned to www.NickBpt.com or Nick Beakas Personal Training here on Facebook for more details.

Emergency Contact Info

Name _____ Phone _____

Alternate Phone Number _____ Relation to contestant _____

100% of the competition proceeds will go to the GoFundMe account set up for Mike Beakas' battle against Parkinson's Disease.

Acknowledgement of Purchase. I, _____, as the (“Participant”), through the registration of Beakas Battles, have agreed to voluntarily participate in a program/competition of physical exercise, including, but not limited to, strength training, flexibility and stabilization development, and aerobic exercise (“Activities”), under the guidance and/or advice of Nicholas Beakas and appointed substitute personal trainers (as a “Personal Trainer”).

Initials _____

Acknowledgement of Health. I declare myself physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in fitness training sessions or my use of workout equipment. I recognize it is my sole responsibility to obtain an examination by a physician prior to involvement in any exercise program. I acknowledge I have either had a physical examination and been given my physician’s permission to participate, or if I have chosen not to obtain a physician’s permission prior to beginning this exercise program. I will also fully inform the Personal Trainer prior to the start of my personal training Activities of any health issues, injuries, or limitations that I may have. **Initials** _____

Assumption of Risk. I understand and am aware that Activities, including the use of equipment, are potentially hazardous activities. I acknowledge the possibility that physical injuries and/or health events arising during and/or resulting from engaging in Activities does exist.

I am voluntarily participating in such fitness training Activities and using equipment with knowledge of the possible dangers involved. Although Nicholas Beakas, as a Personal Trainer and organizer of the event, will take precautions to ensure my safety, I assume and accept responsibility for my safety and for any injuries. **Initials** _____

Waiver and Release of Liability. In consideration of Nicholas Beakas agreeing to act as a Personal Trainer and organizer of the event, I hereby agree to hold him harmless, to release him from liability, and indemnify him from all claims, demands, damages, rights of action or causes of action, arising out of or connected to my participation in such Activities and use of equipment.

Contestant Name (Print) _____ Date _____

Contestant Signature _____ Date _____

Legal Guardian/Parent Name (If Under 18) _____

Legal Guardian/Parent Signature _____ Date _____