

HEALTHY COLTON—100 MILE CLUB

Registration & Readiness for Physical Activity

The information that you provide below will remain confidential and kept for records of this program only.

LAST NAME _____	FIRST NAME _____	DATE OF BIRTH _____
ADDRESS _____	CITY _____	ZIP _____
PHONE _____	EMAIL _____	
EMERGENCY CONTACT: Name _____ Relationship _____ Phone _____		
Do you have medical concerns we should know about? _____		

Thank you for your interest in our HEALTHY COLTON—100 MILE CLUB program. Before starting the program, please answer the questions below. For most people this physical activity should not pose any problem or hazard. This questionnaire has been designed to identify people who should seek medical advice before starting, especially if you are increasing your level of physical activity.

Yes No

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor or health professional?
- Do you feel pain in your chest when you do physical activity?
- In the past month have you had a pain in your chest when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a joint or bone problem that could be made worse by a change in your physical activity?
- Do you know of any reason why you should not do physical activity?
- Have you been inactive for a long period of time?

I understand that if I answered YES to one or more of the above questions, I should seek medical advice before undertaking a walking program.

If I answered NO honestly to all questions and I am planning to increase my levels of physical activity, I understand that I need to begin slowly and build up gradually.

I understand that although reasonable care is undertaken by the organizers to maximize safety, it is understood that I participate at my own risk.

In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless the City of Colton and its officers, agents and employees from any liability or claim or action for damage resulting from or in any way arising out of participation in this program by the person or persons registered above. I understand that participation in this activity can result in bodily injury, including disability, dismemberment, or death.

Furthermore, I give the City of Colton, its officers, agents and employees permission to obtain medical treatment for the undersigned participants in the event of accident or illness, and I agree to be responsible for any financial liability resulting from any such decisions to obtain such treatment.

I further give permission to the City of Colton for taking of photos of myself and/or the persons I have registered above during recreational activities, and for those photos to be used in City publications and/or City websites.

- Yes, I consent to the above media release.
- No, you do not have permission to use photographs or videos for marketing and promotional materials.

Signed: _____

Name: _____

(please print)

Date: _____





2019 ADULT REGISTRATION/RELEASE

HEALTHY COLTON PROGRAMS & EVENTS

COLTON, CA 92324

NAME: _____ Date of Birth _____ Male Female
Address _____ City _____ Zip _____
Contact Phone Number _____ Alternate Phone Number _____

EMERGENCY CONTACT INFORMATION (Please list two, with first & last name)

Name: _____ Phone: _____
Name: _____ Phone: _____

I am aware that by participating in the Healthy Colton "Activity", I may be exposed to risks of damage to personal property and injury. I understand and agree that I will comply with all relevant Colton Community Services rules, regulations, and instructions and that the failure to observe all rules may result in expulsion from the Activity and/or Facility.

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY, AGREE TO THE FOLLOWING:

ASSUMPTION OF RISK

In consideration of being allowed to participate in the Activity, I hereby assume the risk of, and responsibility for, any such injury, death, or damage arising out of or in any way connected with participation, including injury, death, or damage resulting from any acts or omissions, whether negligent or not, or any property or equipment owned or supplied by or on behalf of Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate.

RELEASE AND INDEMNIFICATION

I agree on behalf of myself, my executors, heirs, administrators, and assigns, to release and discharge Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate from and against any and all liability arising out of or in any way connected with participation in the Activity, or upon their acts or omissions, whether negligent or not.

Additionally, in consideration for participating in the Activity, and to the maximum extent permitted by law, I voluntarily agree to indemnify and hold harmless, in advance, Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate, for any and all claims, lawsuits, demands, causes of action, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, to property or persons, including wrongful death, which may be brought by any person against Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate that may have or may hereafter accrue and that in any manner arise out of, pertain to, or are incident to said participation in the Activity, whether or not it consists of acts, omissions, or conduct which is deemed negligent (active or passive), willful, or otherwise. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs, administrators, and assigns.

MEDIA RELEASE

I hereby authorize Colton Community Services and anyone acting on its behalf to take and use any audio recording(s), photograph(s) and/or video(s) in which my image or voice appears for all purposes and in all media, including, but not limited to, written publications, brochures, advertisements, and the World Wide Web/internet. Colton Community Services shall have sole and complete ownership of the audio recording(s), photograph(s) and/or video(s), and shall have the exclusive right to make use of it/them, and any images or other productions derived from it/them, as set forth herein. I understand and agree that I will receive no monetary or other compensation for appearance in and Colton Community Services' use of the audio recording(s), photograph(s), and/or video(s); and that this document shall serve as a release and waiver of any and all publicity rights and any other claims (including, but not limited to, privacy, contract, libel or defamation) arising out of the use of the audio recording(s), photograph(s) and/or video(s), and any right to inspect or approve the finished product or advertising or other communications that may be used with the audio recording(s), photograph(s), and/or video(s).

- Yes, I consent to the above media release.
- No, you do not have permission to use photographs or videos for marketing and promotional materials.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this Agreement and fully understand its contents. I understand that I am making the above representation herein on behalf of myself. I agree that I will follow all obligations herein or other directives provided by Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate. I further understand and acknowledge that I am giving up valuable legal rights on behalf of myself and I knowingly and voluntarily give up these rights of my own free will on behalf of myself by signing this Agreement.

Print Name

Signature

Date

FOR OFFICE USE ONLY

Received and Approved By:

Date:

Project/ Activity Title:

Colton: Provision of a Healthy Life Style Through
Fitness and Nutrition

PROJECT/CASE NUMBER :

COLT-15-2-05Z/5267

Name/Address of Contract Agency:

The City of Colton
650 N. La Cadena Drive., Colton, CA 92324

Date of Issue:

Original: Beginning

Amendment No.: 1

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. Only one statement per person, per year is required.

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members.

How many persons are in your household? _____

2. This question asks if you are from a low- and moderate-income household. For this question, a list of the 2015 EXTREMELY LOW-INCOME, VERY LOW-INCOME and LOW-INCOME categories* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. In the blanks provided, write (yes) or (no) if your combined gross annual income is equal to or less than the, EXTREMELY LOW-INCOME, VERY LOW-INCOME, or LOW-INCOME amount for the number of persons in your household.

	YES/NO
EXTREMELY LOW-INCOME	_____
VERY LOW-INCOME	_____
LOW-INCOME	_____

	Number of Persons in Your Household							
	1	2	3	4	5	6	7	8
EXTREMELY LOW-INCOME LIMIT (\$)	13,100	15,930	20,090	24,250	28,410	32,570	36,730	40,890
VERY LOW-INCOME LIMIT (\$)	21,750	24,850	27,950	31,050	33,550	36,050	38,550	41,000
LOW-INCOME LIMIT (\$)	34,800	39,800	44,750	49,700	53,700	57,700	61,650	65,650

* Taken from FY 2015 Income Limits Summary, <http://www.huduser.org/portal/datasets/il/il2015/2015summary.odn>.

COUNTY OF SAN BERNARDINO COMMUNITY DEVELOPMENT AND HOUSING

Project/ Activity Title:

Colton: Provision of a Healthy Life Style Through Fitness and Nutrition

PROJECT/CASE NUMBER :

COLT-15-2-05Z/5267

Name/Address of Contract Agency:

The City of Colton
650 N. La Cadena Drive., Colton, CA 92324

Date of Issue:

Original: Beginning

Amendment No.: 1

3. Please indicate how you identify yourself by checking only one of the following choices:

	Hispanic	Non-Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

4. Please check whether you belong to a Female Headed Household: YES NO

5. Please describe the condition that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:

(Description)

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME : _____ DATE : _____

ADDRESS : _____ CITY : _____ ZIP : _____

SIGNATURE : _____ PHONE : _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.