Community Teams “BIGGEST LOSER” 12 Week Weight Loss Challenge
Program Description and Rules for 12-week program,
January 6, 2015 through March 31, 2015

TEAMS
Community Teams may be broke down into smaller teams if the number far out numbers other teams. (Example: If Team Red, Green and Blue have around 15 members, but team Gray has 35 members, team Gray can be split into 2 teams, Gray A and Gray B, making the team prize better equally spread.

PARTICIPATION AND INITIAL WEIGHT-IN INFORMATION
NOTE: ALL weigh-ins will take place at Mercy Medical Building, Suite 2, located on the East side of Mercy St. Francis Hospital across the parking lot from the Mercy Mountain View Clinic.
  $20 participation fee and signed Registration/Waiver (see Page 3) and Picture release (see Page 4) submitted on or before January 6 2014.
  First (mandatory) weigh-in is Tuesday, January 6 between 7:30 am to 7:00 pm

MIDWAY WEIGH-IN INFORMATION
  Second (mandatory) weigh-in is Thursday, February 19 between 7:30 am to 7:00 pm,

FINAL WEIGH-IN INFORMATION (same time and location as initial weigh-in)
  Final (mandatory) weigh-in is Tuesday, March 31 between 7:30 am to 7:00 pm

SELECTION OF WINNERS
  One team with the greatest % of body weight lost at the end of the 12 weeks.
  One individual with the greatest % of body weight lost at the end of the 12 weeks.
  Note: Teams will not be penalized if a member of the team drops out.

PRIZES
  Winning team will divide equally approximately one half of the entry fees collected.
  Winning individual will receive 25% of the proceeds collected.
  Remaining funds will be donated to the Back Pack Program.

ACTIVITIES
  Activity schedule to be handed out to contestants at weigh in.

BONUS POINTS
  For each activity that the complete team participates in, the team will receive a bonus point towards their final % of body weight lost.
RULES TO ENSURE THAT ALL CONTESTANTS COMPLETE ON A LEVEL PLAYING FIELD

- Participant agrees to abstain from the following throughout the duration of the program:
  - **Dietary supplements** that act as stimulants to the central nervous system (e.g., ginseng, guarana)
  - **Hormone supplements** (e.g., HCG, HGH for weight loss)
  - **Legal and illegal drugs**, unless prescribed by a physician
  - **Over-the-counter diuretics** (“water pills”), unless prescribed by a Physician
  - **Laxatives for weight loss**
  - **Cleanses or detox plan**, including a TOTAL liquid diet
  - **Starvation, fasting, and VERY low-calorie diets**, defined as less than an AVERAGE of 800 calories/day
  - **All forms of purging**
  - **Devices such as “sweat suits” and saunas** used in order to “make weight” before weigh-ins
  - **Extreme exercising**, defined as exhibiting **ALL** of the following behaviors:
    - Always working out alone, isolated from others, following the same rigid exercise pattern. Exercising for more than two hours daily, **repeatedly**; Fixation on weight loss or calories burned. Exercising when sick or injured or to the point of pain & beyond; skipping work, class, or social plans to exercise.
  - **Recent weight-loss surgery** (e.g., lap band, gastric by-pass surgery) **within the past SIX MONTHS**

NOTE: Following the above rules and the accountability of such, rest upon the individual. The goal of this contest is to provide encouragement and awareness to all of our community to reduce and prevent obesity.

For more information on why some of these behaviors are not allowed and can actually be dangerous for you, please follow the links above, as well as this one:

This registration must be completed and signed* in order to participate. Please return the completed, signed* form to Carol Schmidt by Monday, January 6, 2015, along with a $20 participation fee.

Participant Name: ________________________________________________________________

Email: __________________________________________________________________________

Agreement and release of Liability Form

1. In consideration of my voluntary participation in the activities and programs of and in any Mercy location and to use its facilities, equipment and machinery for physical activities and events, I do hereby waive, release and forever discharge Mercy and its officers, agents, co-workers, representatives, subsidiaries, assigns, executors, and others who are part of the organization, from any and all responsibilities or liability for injuries or damages resulting from my voluntary participation in activities or my use of equipment or machinery in the above referenced facilities or arising out of my participation in activities at any Mercy facility. I do also hereby release all of those for any injury or damage to myself, including those caused by the negligent act or omission of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in activities of Mercy.

2. I declare that I have read, understood, and agree to/with the information set forth in this consent agreement in its entirety, including the rules and weighing information as noted on the previous page, and do hereby sign of my own free will.

Completed, signed form, to be turned in to Carol Schmidt.

__________________________________________  ______________________________
Date  Signature
Consent for Taking and Use of Photographs, Videotapes and/or Other Recordings by Mercy Health Springfield Communities

I hereby authorize Mercy Health Springfield Communities, its agents and/or employees to make a recording of my voice, image, or likeness in any media format, including but not limited to photograph(s), videotape(s) audiotape(s) or any other electronic or digital medium.

I understand that the recording(s) may be used and or disclosed for purposes of education, evaluation, quality of care, professional demonstration, research, or diagnostics.

I understand that this consent is voluntary, and not required for the proposed medical care and treatment. I further understand I have the right to withdraw my consent in writing at any time. If I do, it will not have any effect on actions taken prior to receiving the revocation. These recordings will not be kept as part of my medical record unless required by prevailing policy.

I consent to the above described photograph(s), videotape(s), and/or audiotape(s).

______________________________                  ________________________________
Name (Printed)                                 Witness

______________________________                  ________________________________
Signature                                    Date/Time

_______________________________
Date/Time

This form has been explained to me and I understand its contents and consent on behalf of __________________________.

Name (Printed)

For Minors-Parents or Legal Guardian
Others-Closest Relative or Legal Guardian

______________________________                  ________________________________
Representative Signature                  Witness

______________________________                  ________________________________
Relationship to Patient                  Date/Time

_______________________________
Date/Time

For Internal Use:

Mercy Location:_________________________      Date of Service:_________________________