



2012 "Lose to Win" Weight-Loss Challenge Participant Agreement

Date _____

Name _____
 (Last), (First), (Middle Initial)

Address _____ DOB _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address _____

Lose to Win Challenge Agreement

I am voluntarily participating in the Lose to Win Challenge from January 2, 2012 to March 26, 2012. I understand that, as part of the Challenge, I will be able to utilize the equipment and classes at Bullhead Health Club during this period of the contest.

I meet all challenge eligibility requirements listed in the challenge guidelines, including not having had weight-loss surgery (Lap Band, gastric bypass, bariatric, or other) in the past 5 years.

I understand that exercise can be strenuous and it is recommended that I see my doctor before beginning a new diet or exercise program. I understand that there will be rules related to the Challenge and use of the equipment and facilities and agree to follow such rules.

I assume all risk related to participating in the Challenge, use of equipment and facilities and all exercise shall undertaken by me. I agree that Western Arizona Regional Medical Center and Bullhead Health Club challenge partners and their employees, servants or agents shall not be liable to me and I shall indemnify and hold them harmless for any injuries, claims, damages, actions or causes of actions, or costs whatsoever to me or my property arising out of or connected with my participation in the Challenge, including but not limited to my use of the equipment or facilities.

I have read all the above information and had all of my questions answered to my full satisfaction.

Participant's Signature _____ Date _____

Bullhead Health Club Staff Signature _____ Date _____