

The Rutherford County 12-Week **Waist Away Weight Loss Challenge** Registration Form



Rutherford County
Chamber of Commerce



RUTHERFORD REGIONAL
HEALTH SYSTEM

Duke LifePoint Healthcare



Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ DOB: _____

Phone: _____ Sex: M F

By completing and signing this registration form I agree:

I am volunteering to participate in this competition and have not been required to participate by anyone affiliated with the event sponsors or the Waist Away Challenge Committee. I understand to have the best overall results that I need to adhere to the program recommendations and attend Weekly Group Weigh-In Meetings as often as possible. I understand the importance of confidentiality and trust among participants in the Weekly Group Weigh-In Meetings and will not discuss any participant identity, personal/family information, or any information shared in the meetings, among other participants or non-participants, including my family and close friends. I will contribute to meetings in a positive way and will not insult, or intentionally hurt other participant's feelings even though our opinions, goals, or thoughts may differ.

I understand that this is not a physician supervised program and it is my responsibility to check with my health care provider regarding what diet and exercise program will work best for my overall health. The event sponsors and Waist Away Challenge Committee will not be held responsible for any accident or injury to me while participating in this program. I understand the importance of an evaluation from my family physician before beginning an exercise program of any type.

I understand that I am not guaranteed any weight/fat loss; that my dedication/participation and adherence to program recommendations is the overall biggest indicator of my success. I understand there is a no refund policy for the deposit or entry fee. I understand results for the competition will be based on the percent of total weight lost in pounds from Week 1 Weigh-In to Week 12 Weigh-In. This program does not emphasize, nor encourage rapid weight loss through fasting and crash dieting. By participating I agree to follow the honor system and will participate in a healthy manner and will not use diet pills, diuretics (unless prescribed for a medical condition), or laxatives (as a form of weight loss). I also agree that I have not had weight loss surgery within 1 year of the start of the challenge and will not have weight loss surgery during the challenge. This program focuses on Making Communities Healthier through lifestyle changes to last a lifetime.

Signature

I hereby authorize the Waist Away program representatives to take photographic and/or video images of me, and to publish these images, along with the use of my name, for use in any printed publication, advertisement or website of the event or its sponsors. I acknowledge that since my participation in publications and websites produced by the event or its sponsors is voluntary, I will receive no financial compensation. I further agree that the use of my image in any event or sponsor publication or website confers upon me no rights of ownership whatsoever.

I agree that the event or its sponsors may use such images of me with or without my name, and for any lawful purpose, including but not limited to publicity, education, illustration, advertising or web content. I release the event and its sponsors from liability for any claims by me or any third party in connection with my participation. I have read and understand the above.

Signature

Please mail completed registration form and \$25 registration fee to:

Rutherford County Chamber of Commerce ATTN: Debbie Gettys
162 N. Main Street Rutherfordton NC 28139