



Quality Care...Close to Home.



820 E. Mountain View Street
Barstow, CA 92311
Phone: 760.256.1761
www.BarstowHospital.com

2022 "Lose to Win" Weight-Loss Challenge Participant Agreement

Date _____

First Name _____ Last Name _____

Street Address _____ DOB _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address _____

- I have not won more than one previous Lose to Win weight-loss challenge prize
- I have not had weight-loss surgery in the past 12 months
- I chose to **not** be on a team in this year's challenge and instead participate as a "Non-Coached Individual"

Lose to Win Challenge Agreement

I am voluntarily participating in the Lose to Win Challenge from May 31, 2022, to September 6, 2022. I understand that, as part of the Challenge, I will be able to utilize the equipment and classes at Fitness M.D. 24-7 Gym 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 12 months.

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, including use of equipment and facilities and all exercise undertaken by me. I agree that Barstow Community Hospital, Fitness M.D. 24-7 gym, 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 understand my individual personal photo will not be used in promotional pieces, ads or events without my consent; however, I consent to allowing my image as part of a larger group photo to be used for promotional activities when participating in challenge activities.

I understand that the presenters reserve the right to make changes to the challenge as necessary and all committee decisions are final.

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

Participant's Signature _____ Date _____

Fitness M.D. 24-7 Staff Signature _____ Date _____

