

DSEHP "Biggest Loser" Challenge

Please Print Clearly

Employee ID # _____

Participant
Name: _____

Relationship to Employee: Employee Spouse Adult Child

Employee Work Location _____

Employee Union Affiliation: DFT, DFSE, DSOEA, ADSA, NCEX, CCW, AE (Circle One)

Personal Email:
(for Weekly Updates and Prize
Notification) _____

- I have not had surgical intervention for weight loss in the last 12 months.
- I do not plan to have surgical intervention for weight loss during the challenge period.
- I am not currently participating in an HCG diet program, and will not begin one during the challenge period.

Waiver:

Consult your personal physician before starting any weight loss and/or exercise plan.

I am participating on a voluntary basis in the DSEHP "Biggest Loser" Weight Loss Challenge. My participation is on my own time and this activity is not work related or work required.

I understand that weight challenge/recreational/athletic activities may result in injuries to the participants. I believe that I am in good enough health to safely participate in this activity.

Your employer may not be liable for the payment of Worker's Compensation benefits for any injury which arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic injury which is not part of the employee's work related duties.

I consent to having my weekly and total *percentage of weight loss* publicized.

Print Name

Email (Personal)

Signature

Date

DSEHP "Biggest Loser"

Official Weigh-In Record for: _____

Starting Weight/Date: _____

		Week 1	Week 2	Week 3	Week 4	Week 5	Week 7	Week 8	Week 9
Thursday	Weight								
	Initials								
	\$ Collected/ Ticket Provided								
Friday	Weight								
	Initials								
	\$ Collected/ Ticket Provided								
Monday	Weight								
	Initials								
	\$ Collected/ Ticket Provided								
Tuesday	Weight								
	Initials								
	\$ Collected/ Ticket Provided								
Wednesday	Weight								
	Initials								
	\$ Collected/ Ticket Provided								