

Contest Application and Liability Release

I _____ (Name)

of _____ (Company/School/Department)

agree to voluntarily participate in the contest following Dump Your Plump rules.

I understand that I will be required to participate in weekly weigh-ins and that failure to weigh in without a valid excuse for three weigh-ins will disqualify me from the program.

I understand that daily aerobic exercise such as walking for 30 minutes is essential to losing and maintaining weight loss.

I understand that there will be team points awarded for both weight loss and exercise.

I certify that I do not have a medical problem that would prohibit daily exercise such as walking. If I have any doubts about my physical capacity for exercise I should consult a physician before undertaking any physical activity. (Answer questions below)

I agree to not hold Rainbows Wellness, Inc., the Wellness Council of Northeast Ohio, their employees, or any other individual or organization connected with this contest, responsible for any liability incurred as a result of this contest.

	YES	NO
Have you ever had a heart attack?		
Have you ever been told by a doctor that you have high blood pressure, heart murmur, heart or lung disease?		
Do you ever have chest, neck, shoulder or arm pains or pressure during or after exercise?		
Are you taking any medication for your heart?		
Have you recently had any acute infectious diseases?		
Have you previously had medical advice not to exercise?		
Do you have a joint problem that could be made worse by exercise?		

The above questions are not intended to replace a medical evaluation.

I have read the above questionnaire. I hereby certify that I have answered “no” to all questions and that I have no other medical reason why I should not participate in a moderate progressive exercise program. (If any answers are “yes,” team captain should contact the contest director.)

Date _____ Signature _____