



FIT 2 WIN

SECOND ANNUAL WEIGHT LOSS CHALLENGE

Participants compete in a 6 - week weight loss challenge (February 22 - March 28), as team members or as individuals. All participants receive a free t-shirt upon completing registration. Weights will not be posted; only percentage of weight lost will be posted (see percentages at www.mccshh.com/fitness.html).

For team-based competition, the team that loses the highest percentage of weight will win. For individual competition, the two contestants (one male, one female), who lose the highest percentage of weight, will win a set of prizes.

February 22 - March 28, 2012
Henderson Hall

Register at Smith Gym:
January 22 - February 20
703-693-8573 / 703-614-5959
www.mccshh.com/fitness.html

Open to DoD ID
card holders



**2012 Semper Fit/ Health Promotion
Fit2Win Weight Loss Challenge
Registration Form**

Name: _____ Date of Birth: _____ Gender: M F

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address (required): _____ Contact Phone Number: _____
(Please place strike marks in zeros, i.e. 0)

*You must be a DOD ID cardholder to participate in competition.
You may compete as both an individual and on a team.*

- I plan to participate as an individual. I plan to participate on a Team (3-5 people):
Suggested teams include family, company, and department.
Note: All team members must register by completing form.

Team Name: _____

Team Captain's Name: (required for correspondence): _____

- I am interested in attending monthly Health Promotion class sessions (nutrition, tobacco cessation, etc.):

T- Shirt Size (Please select only one):

S M L XL XXL XXXL

GINA: The Genetic Information Nondiscrimination Act of 2008 prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Waiver of Liability: In consideration of your acceptance of my participation form, I, for myself, my heirs, my executors and administrators, hereby waive any and all rights and claims for loss or damage I may have against the MCCS Semper Fit/Health Promotions Office, any and all persons, entities, or organizations associated with the agency, officials, agents, successors or assigns of the above-named entities or organizations and will hold them harmless for any and all loss or damage, including but not limited to personal injury, incurred in connection with the Semper Fit Health Promotion Fit 2 Win Weight Loss Challenge.

Assumption of Risk: I acknowledge that I should contact my personal physician about potential health risks associated with my participation in the Semper Fit Health Promotion Fit 2 Win Weight Loss Challenge and that I should receive physician approval prior to participating in the Challenge. I assume the risk for any medical problems including illness or injury that may develop or worsen as a result of my participation in this event and waive and release all the parties listed above from any liability therefore.

Signed: _____

Date: _____

Registration Deadline: Friday, February 20th

Once completed you may either email the form (Akida.Jordan@usmc.mil) or return it back to the Health Promotions Office located in Smith Gym. If you have any questions: call 703-614-5959 or e-mail Akida.Jordan@usmc.mil