

“The Greatest Loser” Contestant Application

*All those wishing to participate in “The Greatest Loser” program must fill out an application, as well as an updated Health History Questionnaire. Please be detailed in completing these forms. The information you provide will be solely for the use of the Fitness Staff aiding you in this challenge.

Name: _____ Phone (best): _____

Email: _____ Height: _____ Weight: _____

Are you ready to commit to being pushed out of your comfort zone in regard to your exercise routine? Participants will be challenged to increased intensity of exercise during team and individual workout sessions. **YES NO**

Are you willing to exercise 5-6 days per week **every** week for 10 weeks? If selected, you will be assigned a time two days of the week to be set aside for team exercise sessions. Team members will be expected to attend all group sessions and maintain consistent independent exercise during each week of the challenge. **YES NO**

Do you have any vacations planned which will require you to be out of town for any amount of time throughout this program? If so, please list the dates you will be unable to be present for workouts.

Are there any other dates, for any reason, of which you are currently aware that you will be unavailable to make your scheduled workouts? If yes, please list the dates below.

During the course of the program, you will be instructed to make changes to your current diet plan. Are you prepared to make healthy food choices and significant changes to the type/amount of food you take in? **YES NO**

Please list any limitations and/or injuries you may have which are not otherwise listed in your Health History Questionnaire and may affect your ability to exercise.

How would someone who really knows you describe your **best** qualities?

How would someone who really knows you describe your **worst** qualities?

Give us a brief synopsis of your dieting history:

Have you tried losing weight previously? If so, how?

What is the biggest obstacle with losing weight?

What would motivate you to lose weight?

How much weight do you want to lose? _____

To me, exercise is:

What do you think would be the best thing about being thin?

What's the hardest thing about being overweight?

We will not be posting your weight for public viewing. However, we request permission to post results for the amount of pounds and percentage of weight loss as a **team**. Also, pictures may be taken during the program of your team exercising for use around the fitness center and/or on the fitness center website. Do you consent to the posting of these photos and of your team's weight loss results? **YES NO**

Would you be comfortable with having your **individual** weight loss or percentage of weight loss posted? **YES NO**

Would you be comfortable allowing your trainer to take "before" and "after" photos of you to help you see your progress throughout the program? **YES NO**

Please circle the time that would work best for you to train with your team each week:

6:00am

9:30am

12:00pm

6:00pm

All applications will be accepted for review. However, preference will be given to those applicants who have not yet had the opportunity to participate in the Greatest Loser program.

I understand that my participation this program is at my own risk. I may be asked to perform exercise tasks of a strenuous nature and I have the option to decline any action which I feel is unsafe for me.

Signature: _____

Date: ____/____/____