



The Greatest Loser

PARTICIPANT INFORMATION.

Name: _____

Address: _____

Phone: _____ email: _____

Date of Birth: _____ Age: _____ I am over age 18

Release of Liability

Atlantic County 4-H Horse Council is an advisory group of the Atlantic County 4-H Youth Development Program, Rutgers Cooperative Extension. Although Atlantic County 4-H Horse Council is sponsoring a weight loss program combined with a healthy lifestyle, they are not providing health, diet, or fitness advice. No assurance can be given that the participant will lose weight. All participants are encouraged to consult with a physician or medical provider before undertaking a weight loss and/or fitness routine.

In becoming a participant of The Greatest Loser, you affirm that A) no physician has ever informed you that you have a heart condition or that you should only participate in a weight loss program recommended by a physician; B) you do not know of any other reason you should not be in a weight loss program; and/or C) your physician has not disapproved of your participation of your participation.

I release the Atlantic County 4-H Horse Council, Atlantic County 4-H Youth Development, its affiliates, subsidiaries, employees, agents, volunteers, partners, or supporters from any liability in case of illness, injury or health related conditions as a result of participation.

Signature of Adult Participant

Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in The Greatest Loser. I affirm that my son/daughter A) has not been told by a physician/medical provider that s/he has a heart or other medical condition or that s/he should only participate in a weight loss program recommended by a physical; B) has no other reason s/he should not be in a weight loss program; and/or C) no physician has disapproved of her/his participation.

I release the Atlantic County 4-H Horse Council, Atlantic County 4-H Youth Development, its affiliates, subsidiaries, employees, agents, volunteers, partners, or supporters from any liability in case of illness, injury or health related conditions as a result of participation.

Signature of Parent/Guardian



The Greatest Loser

PARTICIPANT INFORMATION.

Name: _____

Address: _____

Phone: _____ email: _____

INITIAL WEIGH IN – February 1, 2012	FINAL WEIGH IN – May 2, 2012
<p>_____ pounds _____ Participant Initials (agreement with initial weight)</p> <p>Witness(es):</p>	<p>_____ pounds _____ Participant Initials (agreement with final weight)</p> <p>Witness(es):</p>