

Don't Delay, Sign Up Today!



Registration will be limited to the first 150 registrants. Eligible contestants will have a chance to win cash and other prizes! Prize values will be determined by the number of contestants.

Also included with entry fee: cholesterol screenings, glucose testing (blood sugar), blood pressure, Body Mass Index (BMI), Body Composition Analysis (Body Fat %), Basal Metabolic Rate (BMR), waist circumference measurements, nutrition and exercise challenges.

CONTEST ENTRY

Name: _____ Birth date: _____
Please Type or Print mm/dd/yyyy

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Daytime Phone: _____

Gender _____ Height _____ Age _____ T-Shirt Size _____

Entry: _____ Individual \$40.00 _____ Pair \$60.00

(If entering as a pair, submit two signed entry forms stapled together)

Payment: _____ Cash _____ Check

Total Paid: _____

Mail payment and signed entry form to City of West Jordan

Attn: WBL Contest,

Administration, 8000 S. Redwood Road. West Jordan 84088

Signature: _____ Date _____

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healthywestjordan.blogspot.com

Questions? Email us: healthywestjordan@gmail.com



Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

(Participants must be 18 Years or Older)

Event Organizer: City of West Jordan (Healthy West Jordan Committee)

Name of Event: Way to a Better Life

In consideration of permitting me, _____ to participate in the above-named event (the "Event"), I voluntarily, for myself, my personal representatives, heirs and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Event and related activities and that I am qualified, in good health, in proper physical condition to participate in such activity and have not been advised otherwise by a qualified medical person. I further acknowledge that the above-named Event Organizer shall not provide medical examination, treatment, advice, or counseling. I agree and represent that I am responsible to seek medical examination, treatment, advice, and counseling from my personal physician, and I will immediately discontinue further participation in the Event if my physician or I believe conditions to be unsafe.
2. FULLY UNDERSTAND that: (a) the Event and related activities involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, ILLNESS OR EVEN DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others, or the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either known or not known to me or not readily foreseeable at this time. WITH INFORMED CONSENT, I FULLY ACCEPT AND ASSUME ALL SUCH KNOWN AND UNKNOWN RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT.
3. HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Event Organizer, its officers, elected officials, directors, managers, employees, volunteers, agents and representatives (collectively, the "Releasees") from ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, ILLNESS OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE, ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE EVENT.
4. HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees from any loss, liability, damage or cost that they may incur, arising out of or related to my participation in the Event.
5. EXPRESSLY AGREE that this Waiver and Release of Liability Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Utah and that if any portion thereof is held invalid, the remainder shall continue in full legal force and effect.
6. CONSENT TO USE OF MY IMAGE, and grant to the City of West Jordan and its assigns the right to use, reproduce, display, distribute and make derivate works, in any and all media, of my voice and likeness recorded while participating in the Event and any biographical information furnished by me to the Event Organizer. I hereby assign to Event Organizer and its assigns all rights in any intellectual property and work product that I create while participating in the Event, in consideration of such participation.

I represent and warrant that: (a) there are no health-related reasons or problems which preclude or restrict my participation in the event ; (b) I have read this Waiver and Release of Liability Assumption of Risk and Indemnity Agreement; (b) I fully understand its terms; (c) I understand that I have given up substantial rights by signing it; (d) I am aware of its legal consequences; and (e) I have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to. (Must be 18 or older to participate)

Signature _____ D/O/B _____

Date _____

CONTEST RULES:



- The Way to a Better Life program will run from January 17—April 25, 2017.
- Each contestant **MUST BE 18 years or older** before January 17, 2017.
- Each contestant **MUST** provide a completed and signed entry/disclaimer.
- Each contestant may pay his/her non-refundable fee by cash or check. All forms and payment must be received no later than January 17, 2017.
- Contest Kickoff/Initial Weigh-In/Pre-Assessment will be held on Tuesday, January 17, 2017 between 5:30pm-7:30pm at the Gene Fullmer Recreation Center (8015 S. 2200 W.) Contestants may come anytime during that block of time.
- Each contestant must weigh-in weekly on Tuesdays (January 17 - April 18) between 5:30pm-7:30pm. Refer to calendar for further details regarding weigh ins.
- Contestants are allowed to miss **5** weigh-ins to still be eligible for prizes. If contestants miss more than 5 weigh-ins they are ineligible for the Category 1, Category 2 and Category 3 prizes but are still encouraged to participate in the duration of the contest.
- Occasionally if contestants are unable to attend a Tuesday night weigh-in they may make an appointment for an alternate weigh-in with a Healthy Community staff member at the Salt Lake County Health Department's South Redwood Public Health Center (7971 S. 1825 W.) To schedule an appointment please call or email:
 - **Phone: (385) 468-5256 or (385) 468-5258**
 - **Email: healthycommunities@slco.org**
- The Final Weigh-In and Post-Assessment will be held on Tuesday, April 18, 2017 from 5:30pm-7:30pm at the Gene Fullmer Recreation Center (8015 S. 2200 W.) Contestants may come anytime during that block of time.
- If you are unable to attend the Final Weigh-In on April 18, 2017 you may make other arrangements to weigh in ***BEFORE*** the Final Weigh-In with a Healthy Community staff member at the Salt Lake County Health Department. Post-Assessments can also be completed with the exception of cholesterol and glucose testing.
 - **Phone: (385) 468-5256 or (385) 468-5258**
 - **Email: healthycommunities@slco.org**
- Each contestant is encouraged to consult a physician and engage in healthy and safe weight loss. Any extreme dieting and participation without consulting a physician is ***strongly discouraged.***
- Body Composition/Body Fat Percentage Measurements will be taken at 4 intervals during the contest.
- Contestants who have paid their fee, complied with **all** rules, and have not missed more than **5** weigh-ins are eligible to win prizes. Prize Winnings will be divided into men and women for 2 of the 3 categories:
 - **Category 1: Weight Loss Percentage** - Top 3 Males and Top 3 Female (*excluded from other categories*)
 - **Category 2: Highest Point Totals** - Top 3 Males and Top 3 Females with Highest Points (*excluded from other categories*)
 - **Category 3: Point Total Tiers (Random Drawing)** - 3 Individuals for the Higher Point Tier and 3 Individuals for the Lower Point Tier (*previous category winners will be excluded - must be present to win*)
- Random small prize drawings will be held throughout the contest for attending weekly weigh-ins and the contest finale.
- Winners will be announced at the Finale on Tuesday, April 25, 2017 at 6:00pm at the Gene Fullmer Recreation Center (8015 S. 2200 W.)

ALL DECISIONS BY THE HEALTHY WEST JORDAN COMMITTEE ARE FINAL.

All materials or information given and provided in conjunction with the Way to a Better Life contest are intended for general information purposes only. Under no circumstances are they intended, nor should they be construed, as a substitute for professional health advice from your doctor or health care provider. Consult your physician before you begin any nutrition, exercise, or dietary program. If you have a medical problem, please contact your doctor or health care professional.