



What is New BraunFit’s Biggest Loser Challenge?

A 6-month weight loss competition aimed at improving individuals’ well-being through exercise and healthy eating habits.

Who is eligible to participate?

All residents with a 20-mile radius of the city of New Braunfels are eligible.

What fitness opportunities does the program provide?

The McKenna New BraunFit Gym has a regular schedule of classes that any Biggest Loser Challenge participant may attend. New BraunFit will also feature a specialized Biggest Loser Body Boot Camp Monday-Thursday from 5:30 to 6:30 pm during the contest:

Monday	Tuesday	Wednesday
Walking Track open 10 am-2 pm Cardio and More 9-10 am Boot Camp 5:30-6:30 pm	Walking Track open 9:30 am-2 pm Boot Camp 5:30-6:30 pm	Walking Track open 10 am-2 pm Cardio and More 9-10 am Boot Camp 5:30-6:30 pm
Thursday	Friday	Saturday
Walking Track open 9:30 am-2 pm Boot Camp 5:30-6:30 pm	Walking Track open 10 am-2 pm Cardio and More 9-10 am	Walking Track open 10 am-5 pm Mind and Body 9-10 am

McKenna New BraunFit has also partnered with local fitness centers to offer Biggest Loser Challenge participants additional opportunities and incentives to exercise:

YMCA of New Braunfels: Twenty FREE six-month memberships available to Biggest Loser Challenge participants. Available on a first registered, first served basis.

360 Fitness: Twenty FREE six-month memberships available to Biggest Loser Challenge participants. Available on a first registered, first served basis.

Anytime Fitness: Will waive the enrollment for any Biggest Loser Challenge participant.

What nutrition opportunities does the program provide?

New BraunFit has a nutritionist and personal wellness coach on staff who is available to the community. This person will conduct weekly healthy eating meetings and be available to assist all Biggest Loser Challenge participants at any time during the day with their weight loss or healthy eating challenges.

The McKenna Café will also provide their salad bar for \$3 to Biggest Loser Challenge participants during the competition for a healthy, fast lunch option!

How will the winners be determined?

Winners will be determined by the person who has attained the *greatest combined percentage* of overall body weight lost and body fat percentage lost between April 5, 2010 and September 30, 2010. Body weight percentage lost will be determined by the taking the amount of weight lost (weight at first weigh in minus weight at final weigh in) divided by weight at first weigh in. The body fat percentage lost will be determined by a bio-impedance analyzer. Here is an example of how the winner will be determined:

	Contestant #1	Contestant #2	Contestant #3
April 5 Weight	200	250	300
Sept. 30 Weight	150	150	200
Total Body Percentage Lost	25%	40%	33%
April 5 Body Fat %	30	35	40
Sept. 30 Body Fat %	18	20	28
Total Body Fat % Lost	12%	15%	12%
Combined %	(25 +12) 37	(40+15) 55	(33+12) 45

As a result, Contestant #2 would be crowned as New Braunfels's Biggest Loser!

What are the prizes?

1st Place—A new car from Bluebonnet Motors (a \$20,000 value) or a debit card valued at \$15,000 and a lifetime membership to the New BraunFit Gym

2nd Place--\$1000 Debit Card and a lifetime membership to the New BraunFit Gym

3rd Place--\$500 Debit Card and a lifetime membership to New BraunFit Gym

Monthly prizes and incentives will be offered throughout the competition.

How much does it cost?

The entry fee to participate is \$75 per person. Each paid registration includes an official New BraunFit Biggest Loser t-shirt and a one-year membership to the New BraunFit Gym.

How do I register?

Registration packets are available online at www.newbraunfit.org or can be picked up at McKenna's New BraunFit Gym at 801 W. San Antonio St. in New Braunfels. Registration will be closed on April 5, 2010.

What are other rules for participation?

1. All registration forms and entry fees must be received by April 5, 2010.

2. Mandatory official weigh-in and competition kick-off will begin at 6 pm on April 5, 2010 in the New BraunFit Gym. "Before" pictures will be taken of each contestant at the event.
3. Every participant must weigh in each Monday with a New BraunFit Activity Specialist at the New BraunFit Gym during regular operating hours (8 am to 9 pm). If a participant cannot make a scheduled weigh-in, they must arrange it directly with a New BraunFit team member to find an acceptable alternate time.
4. To qualify as a finalist, a participant must attend at least three New BraunFit fitness classes and at least one nutrition class per week (see schedule).
5. No dehydration or fasting techniques will be tolerated in the Biggest Loser Challenge. McKenna's desire is for our participants to lose weight in the healthiest manner possible.
6. The use of bariatric or any kind of surgical assistance in weight loss will result in disqualification from the competition.



Contestant Application

Please print clearly

Name: _____ Date of Birth: _____ M F

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____

Phone: (C) _____ Email: _____

Which is the best phone number to reach you during the day? Home Work Cell

Emergency Contact Name and Phone: _____

Approximate Weight: _____ T-Shirt Size: L XL XXL XXXL

Why do you want to participate in the New BraunFit Biggest Loser Challenge? _____

I have read and understand the New BraunFit Biggest Loser Challenge Rules and Guidelines.

Print Name

Date

Return Registration Materials to:

McKenna New BraunFit Gym 801 W. San Antonio Street New Braunfels, TX 78130

Questions? Call (830) 606-9527



WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name of Event: New BraunFit's Biggest Loser Challenge ("The Challenge")

THE UNDERSIGNED HEREBY AGREES AS FOLLOWS:

1. **WAIVER.** The undersigned does hereby release, waive, discharge, and covenant not to sue (collectively, "Waiver") McKENNA SERVICES, McKENNA SYSTEM and all related and affiliated companies, all additional sponsors for The Challenge, and their respective officers and directors, volunteers, employees, contractors, suppliers, agents, successors and assigns (collectively, "Indemnitees") and each and every one of them, from and against all actions, causes of actions, damages, demands, liabilities, costs (including, but not limited to, attorneys' fees), claims losses and expenses of every type and description (collectively, "Costs") arising out of, in connection with or associated with The Challenge, including, but not limited to, personal injury, accidents, illnesses, death, property loss or other casualty.

2. **ASSUMPTION OF RISKS:** Participation in The Challenge carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, sprains and breaks, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, and 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Challenge. I hereby assert that my participation is voluntary and that I knowingly assume all risks and hereby waive and release all claims and Costs in respect thereof against the Indemnitees.

3. **INDEMNIFICATION AND HOLD HARMLESS:** The undersigned shall assume the defense of, indemnify and hold harmless the Indemnitees from any and all Costs brought as a result of my involvement in The Challenge, including, but not limited to, personal injury, accidents, illnesses, death, property loss or other casualty. The foregoing indemnity shall not apply to the extent any such Costs are ultimately established by a court of competent jurisdiction to have been caused by the gross negligence or willful misconduct of the Indemnitees, or any of them. The Indemnitees shall make all decisions with respect to its/their representation in any legal proceedings covered by this section. If the undersigned fails to do so, the Indemnitees shall have the right, but not the obligation, to defend the same and charge all of the costs of such defense to the undersigned and to recover the same from the undersigned.

4. **SEVERABILITY:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

5. ACKNOWLEDGMENT OF UNDERSTANDING. I have read this waiver of liability, assumption of risks, and indemnity agreement, fully understand its terms, and understand that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Name

Signature

Date



Physician Release to Exercise

Patient: _____ Date of Birth: _____ M F

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____

I authorize the release of appropriate medical information on my behalf to New BraunFit.

Applicant Signature

Date

Your patient is interested in participating in New BraunFit’s Biggest Loser Challenge. The program will consist of supervised group training three times per week as well as additional exercise programs the participant may choose to engage in with local fitness clubs. Your patient is required to have your clearance to exercise prior to beginning his/her program. New BraunFit is requesting that you provide recommendations/restrictions regarding your patient’s participation in an exercise program developed for the participant of this event. **Please complete this Physician Release to Exercise and return it to your patient to submit with the application and other required materials.**

_____ I do not know of any medical reason that the applicant may not participate in physical activity.

_____ The patient may participate with the following recommendations or guidelines: _____

_____ The patient is **not** cleared to exercise due to a known medical condition.

Medications and effect (if any) on exercise: _____

Physician Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

If there is any information you would like us to supply, please note it on the Release or contact Shawn Corzine at (830) 606-9500. Thank you for taking your valuable time to assist us in this endeavor.