

Make a New Year's Resolution You Can Achieve Lose Weight and Change Your Life.

peninsula community center



What You Get

- One mandatory group workout/week led by trainers.
- Access to PCC facilities including fitness classes for weekly workouts.
- Individual consults with a nutritionist, life coach and personal trainer.
- **bodybugg®** armband to evaluate your progress (optional).
- Weekly Weigh-Ins (each week winner receives a prize).
- **Chance to win:**

Grand Prize: One year membership to PCC and More! (Individual with greatest percentage weight loss)

Team Prize: Each member of the Team with greatest percentage weight loss will receive a prize.

**12-Week
Program
January 12 -
April 6, 2009**

Sign up Now – *participation is limited*

Members: \$450 or 12 monthly payments of \$38

With bodybugg®, add \$180 (retails for \$300)

Non-members: \$600

With bodybugg®, add \$180 (retails for \$300)

Join PCC after participating in Losing Big with no initiation fee!

Applications due January 1, 2009

Requirements

- Must be 20+ pounds overweight
- Must be 18 years of age or older
- **Open to both members and non-members**
- Provide physician's release with application

FRS
healthy energy™



3623 Jefferson Avenue, Redwood City, CA 94062
TEL 650.364.6272 FAX 650.364.9546
www.peninsulacommunitycenter.com

PCC's Losing Big Checklist

Below is a checklist of all the information and requirements you need to fulfill to apply for PCC's Losing Big Program. After your information has been reviewed, one of our personal trainers will contact you to let you know if your application has been accepted.



- Losing Big Application**
- Physician's Release**
- Completed Food Diary**
- Have your "before" photo taken by front desk staff when you turn in your application.**
- Must be 20 pounds overweight**
- Must be 18 years or older**
- Completed Liability Waiver**





PCC's Losing Big Application



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Name: _____ Address: _____

Phone (home): _____ Cell: _____

Email: _____

Weight: _____ Height: _____ Birth date: ____ / ____ / ____

What is your occupation?

How have you tried to lose weight?

What's your biggest obstacle with losing weight?

What do you want to do when you lose the weight?

What interests you the most about participating in this program?

How much weight do you want to lose?

As part of the Losing Big, you will have one mandatory weekly workout. Circle ONE time you are **not** available to attend this workout.

- Saturdays at 6am
- Sundays early morning
- Sundays 7pm
- Mondays 8pm



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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY **FOR PARTICIPATION IN:**

“Losing Big” weight loss program

LOSING BIG APPLICANT / PARTICIPANT and any Guest of LOSING BIG APPLICANT /PARTICIPANT hereby acknowledges and agrees that their use of facilities, services, equipment or premises and their participation in programs, outings and events whether on or off the premises of Peninsula Covenant Community Center (PCCC) may involve risk of injury to persons and property, including those described below, and LOSING BIG APPLICANT/PARTICIPANT and any Guest of LOSING BIG APPLICANT/PARTICIPANT assumes full responsibility for such risks. In consideration of being permitted to enter and/or participate in activities of Peninsula Covenant Community Center for any purpose including, but not limited to, observation, use of facilities, services or equipment, or participation in programs, events and outings in any way, whether on or off the premises of Peninsula Covenant Community Center, LOSING BIG APPLICANT/PARTICIPANT and any Guest of LOSING BIG APPLICANT/PARTICIPANT agrees to the following:

LOSING BIG APPLICANT/PARTICIPANT and any Guest of LOSING BIG APPLICANT/PARTICIPANT hereby releases and holds Peninsula Covenant Community Center (PCCC) and Peninsula Covenant Church (PCC) and their directors, officers, employees, affiliates and agents harmless from any and all liability to LOSING BIG APPLICANT/PARTICIPANT and LOSING BIG APPLICANT/PARTICIPANT's personal representatives, guests, assigns, heirs, and next of kin for any loss or damage of whatsoever nature to LOSING BIG APPLICANT/PARTICIPANT or any guest of LOSING BIG APPLICANT/PARTICIPANT.

LOSING BIG APPLICANT/PARTICIPANT and any Guest of LOSING BIG APPLICANT/PARTICIPANT hereby expressly waives any claim of liability for personal/bodily injury or damages of whatsoever nature or kind which occurs to LOSING BIG APPLICANT/PARTICIPANT or any guest of LOSING BIG APPLICANT/PARTICIPANT and for any loss of or injury to person or property of whatsoever nature whether on or off the premises of PCCC. This waiver includes, but is not limited to any loss, damage or destruction of the personal property of the LOSING BIG APPLICANT/PARTICIPANT of any guest of any LOSING BIG APPLICANT/PARTICIPANT and is intended to be a complete release of any responsibility for any personal injuries and/or property loss/damage sustained by any LOSING BIG APPLICANT/PARTICIPANT or any guest of any LOSING BIG APPLICANT/PARTICIPANT whether on or off the premises of PCCC.

LOSING BIG APPLICANT/PARTICIPANT and any Guest of LOSING BIG APPLICANT/PARTICIPANT also hereby agrees to indemnify Peninsula Covenant Community Center (PCCC) and Peninsula Covenant Church (PCC) and their directors, officers, employees, affiliates from any loss, liability, damage or cost incurred as a result of any claim of whatsoever nature made by LOSING BIG APPLICANT/PARTICIPANT, LOSING BIG APPLICANT/PARTICIPANT's agent or LOSING BIG APPLICANT/PARTICIPANT's guest.



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LOSING BIG APPLICANT/PARTICIPANT represents (a) that LOSING BIG APPLICANT/PARTICIPANT is in good physical condition and has no disability, illness, or other condition that could prevent LOSING BIG APPLICANT/PARTICIPANT from exercising without injury or impairment of health, and (b) that LOSING BIG APPLICANT/PARTICIPANT has consulted a physician concerning an exercise program that will not risk injury to LOSING BIG APPLICANT/PARTICIPANT or impairment of LOSING BIG APPLICANT/PARTICIPANT's health. Such risk of injury includes (but is not limited to): injuries arising from use by LOSING BIG APPLICANT/PARTICIPANT or others of exercise equipment and machines; injuries arising from participation by LOSING BIG APPLICANT/PARTICIPANT or others in supervised or unsupervised activities or programs at PCCC; injuries and medical disorders arising from exercising at PCCC such as heart attacks, strokes, heat stress, sprains, broken bones, and torn muscles and ligaments, among others; and accidental injuries occurring anywhere in PCCC dressing rooms, showers and other facilities and including injuries off premises relating to a PCCC activity. LOSING BIG APPLICANT/PARTICIPANT and LOSING BIG APPLICANT/PARTICIPANT's guest acknowledges that PCCC has not and will not render any medical services including medical diagnosis of LOSING BIG APPLICANT/PARTICIPANT or LOSING BIG APPLICANT/PARTICIPANT's guest's physical condition.

LOSING BIG APPLICANT/PARTICIPANT further expressly agrees that the foregoing release, waiver and agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in full force and effect. LOSING BIG APPLICANT/PARTICIPANT has read this release and waiver of liability and indemnity clause, and agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I hereby affirm that I have read and fully understand the above information.

Applicant/Participant Name (Printed) _____

Signature _____ Date _____



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Dear Doctor:

Your patient _____ wishes to take part in an exercise program and/or fitness assessment. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program; increasing in duration and intensity over time. The fitness assessment may include a sub-maximal cardiovascular fitness test and measurements of body composition, flexibility, and muscular strength and endurance.

By completing this form, you are not assuming any responsibility for our exercise and assessment program. Please identify any recommendations or restrictions for your patient's fitness program below (Physician's Recommendations).

Patient's Consent and Authorization

I consent to and authorize (doctor) _____ to release to **Peninsula Community Center**, health information concerning my ability to participate in an exercise program and/or fitness assessment. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Member's signature	Date
Print Name	

Physician's Recommendations

<input type="checkbox"/>	I do NOT recommend the applicant engage in the program
<input type="checkbox"/>	I recommend the applicant participate in the above fitness program.

Physician's Additional Comments

Physician's signature	Date	
Physician's name (print)	Phone	Fax
Address	City	State & Zip