Sully's Scrap the Fat Contest 2018 (Jan 5, 2018-Mar 30, 2018)

Name (please print): _____

(Circle one) Employee Employee's Spouse Customer

Name/ID you'd like to use on social media: _____

Starting Weight _____ Goal Weight _____

Weight Week 1 _____	% Lost _____	Weight Week 7 _____	% Lost _____
Weight Week 2 _____	% Lost _____	Weight Week 8 _____	% Lost _____
Weight Week 3 _____	% Lost _____	Weight Week 9 _____	% Lost _____
Weight Week 4 _____	% Lost _____	Weight Week 10 _____	% Lost _____
Weight Week 5 _____	% Lost _____	Weight Week 11 _____	% Lost _____
Weight Week 6 _____	% Lost _____	Weight Week 12 _____	% Lost _____

The cost is $10.00 to participate. Employees can pay by cash or check or automatic payroll deduction which will have $5.00 taken out of pay checks that they are to receive on January 26th and February 9th paycheck. Customers can pay by cash or check on initial weigh-in. Payment method _____ date paid _____.

I understand that should I quit the contest I will not be refunded my money if elected payroll deduction that will still be deducted from my paycheck. I understand I can miss only three (3) weigh-ins before being disqualified.

I understand that this is a contest and that it is my full responsibility to consult with a physician prior to and regarding my participation in this contest.

In consideration of being permitted to participate in this contest I knowingly, voluntarily, and expressly waive any claim I may have against J.B. Sullivan Inc. (dba Sullivan's Foods) | Fund 01235 (dba Savanna Inn and Suites/Beloit Hampton Inn), and FFE 123 (dba Franklin Hampton Inn) owners, management companies, landlords or insurers for any damages or illnesses that I may sustain as a result of participating in the program. Myself/heirs/legal representatives forever release, waive, discharge landlords, owners, insurers, from any negligence or other acts which may contribute to my injury or death.

I understand that should I be a Winner of the contest I am agreeing to release my picture and % body weight loss for promotional purposes.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to these terms and conditions stated above.

Name: _____ Birth Date: _____

In Case of Emergency Contact _____

Participant Signature _____

Parent's Signature if under 18 years of age _____