



## Sully's Scrap the Fat Contest 2019 (Jan 4, 2019-Mar 29, 2019)

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 25<sup>th</sup> and February 8<sup>th</sup> 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/Home2), 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 \_\_\_\_\_