

10

10 people
10 pounds
10 weeks



Kick off the new year with a plan to achieve your healthiest weight with the Great Hernando Weight Loss Challenge!

AWARDS

Male-Greatest lb. Weight loss:
\$250 gift card

Team-Greatest Weight Loss:
\$50 gift card for each member

Male - Greatest % Weight Loss:
\$250 gift card

Female-Greatest lb. Weight Loss:
\$250 gift card

Team-Greatest % Weight Loss:
\$50 gift card for each member

Female - Greatest % Weight Loss:
\$250 gift card

All participants having a 10 lb. weight loss at the end of the Challenge will be entered to win a \$100 gift card.

JOIN THE CHALLENGE!

- 1 Form a team and select a team captain.
- 2 Team Captain collects checks for \$10 from each member.
- 3 Team Captain mails the checks and team form to the address below.
- 4 All members attend the Kick-off/Weigh-In.

**Kick-off/
Weigh-in Event**

Saturday, January 19, 2019 at 9:00 am-noon
The Hernando County Mining Association Enrichment Center
800 John Gary Grubbs Blvd., Brooksville, FL 34601

Initial weights will be recorded privately. Local wellness vendors will be on hand to get you motivated.

Final Weigh-in

Wednesday, March 27, 2019

**Awards
Celebration**

Saturday, April 6, 2019 Location and time TBA

Guidelines

To review Challenge guidelines, visit [Facebook.com/GHWLC](https://www.facebook.com/GHWLC)

**QUESTIONS?
CONTACT:**

Angie Bonfardino-Walasek at 352-688-2026
or Ann-Gayl Ellis at 352-540-6817
or email us at greathernando@gmail.com



/GHWLC



ADMIN. USE ONLY

WEIGHT LOSS TEAM # _____

TEAM REGISTRATION FORM

Registration begins November 26, 2018

*Please consult your physician before starting any weight loss program.
If under 18, please obtain written permission and give to Team Captain for submittal.*

GREAT HERNANDO WEIGHT LOSS CHALLENGE

TEAM NAME: _____ BUSINESS/ORGANIZATION: _____ TEAM CAPTAIN: _____

** By initialing the far right column, I attest that I have read and agree to the liability terms noted below.
Form must include the requested contact information below for each member in order to be considered complete.*

TEAM MEMBERS	PHONE	EMAIL (print clearly please)	TSHIRT*	PAID \$10	INITIALS
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

***GHWLC T-shirts available to teams registered by January 4, 2018. Please indicate size for each team member above.**

GREAT HERNANDO WEIGHT LOSS CHALLENGE (GHWLC) RELEASE

In consideration of my participation in the Great Hernando Weight Loss Challenge, I, on behalf of myself, my heirs and assigns, hereby release all participating organizations, their agents, representatives and employees, from any claims, demands and causes of action from my participation. I understand that this waiver includes any claims based on negligence, action or inaction of the participating organizations, its agents, representatives or employees.

I fully understand that I may injure myself as a result of my participation in GHWLC related activities and I hereby release all participating organizations, their agents, representatives, officers, or employees, from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, head injuries, dental injuries and any other illness, soreness and injury however caused, occurring during, or after my/his/her participation.

In consideration of my participation in the program, I agree that no participating organization will be responsible or liable for paying any medical costs or expenses should medical care be required for any participant in the program.

Further, I understand pictures/video may be taken during the ten week event and may appear on the Great Hernando Weight Loss Challenge Facebook page and/or in local media.

Participants under 18 years old are required to have parent/guardian sign this form on their behalf.

PAYMENTS

All checks are to be made out to CHIPP, Inc. (Community Health Improvement Plan Partnership)
Please include GHWLC in the note section of the check.
Mail/drop off Team forms and checks to 4028 Commercial Way, Spring Hill, FL 34606

QUESTIONS? CONTACT:

Angie Bonfardino -Walasek at 352-688-2026 or Ann-Gayl Ellis at 352-540-6817 / greathernando@gmail.com

#greathernandoweightlosschallenge