

Welcome

Registration Starts Dec 15th thru Jan 20th 2009

OZ Fitness would like to welcome all of our Corporate Partners to our first annual Corporate Wellness Challenge. We are excited to offer all of your employees the opportunity to make a commitment to live a happier, healthier life as well as become a more productive employee.

Are you ready for a Challenge? That's exactly what losing weight and becoming healthier is – a challenging journey with both highs and lows that can offer real life-changing rewards. By adopting better habits you can prepare your body for major weight loss: Eating a proper breakfast, drinking more water, being more active, and maybe even taking a multivitamin. The goal is to improve your lifestyle and remove contributing factors of weight gain.

Over the course of this 90-Day Challenge, you'll be exhilarated when you see your weight dropping on the scale. You'll be proud of yourself when you stick to your eating and exercise program and start seeing results. Oz Fitness's desire is that you will learn better overall health behaviors that you will continue after the Challenge has finished.

Challenge yourself and create a new you! What have you got to lose? By losing a few extra pounds and participating in some regular exercise, you will both see and feel the difference! Imagine having extra energy, sleeping better, as well as improving your over all health. You also could be in the running to win \$2,500 cash!



You must be a current employee of your company in order to register. All participants will be verified by our partners in fitness upon registration.

(On the following page you will find a list of our Current Partners in Fitness).

If you would like more information about how you can enroll under your companies Corporate Program, please call:

In good health, Julie Greeley,

Regional Corporate Sales Director

509-747-2500 Office 509-768-9564 Cell rcm@ozfitness.net

List of active partners in Fitness



AAA AAI

ALASKA/HORIZON AIR ALLIANCE MACHINE SYSTEMS,LLC AMERICAN MEDICAL RESPONSE AMERICAN STEEL INC (BILLINGS, MEDFORD) AMY'S KITCHEN ANESTHESIOLOGISTS ASSOCIATES ARAMARK ASHLAND PARTNERS.COM ASSOCIATED FOOD STORES ATF

FITNESS

 AIF BDO SEIDMAN LLP (SPOKANE) BELLA ROSE CAFE BERTHA HOLT ELEMENTARY BILLINGS CLINIC (MT) BILLINGS SCHOOL DISTRICT BLUE CROSS IDAHO HEALTH SERVIC BRESNAN COMMUNICATIONS BROWN CONSTRUCTION CANCER CARE NORTHWEST CARESTREAM HEALTH INC. CENTRAL PREMIX CONCRETE CO CENTRAL PREMIX PRESTRESS CO CENTRAL VALLEY SCHOOL DISTRICT

CHENEY SCHOOL DISTRICT CHER **CHILDRENS MIRACLE NETWORK** CITADEL **CITY OF BILLINGS (MT) CITY OF SPOKANE CITY OF SPRINGFIELD COLDWELL BANKER (MEDFORD) COMFORT SUITES** CONOCO PHILLIPS (BILLINGS MT) **CONSOLIDATED SERVICES** COOKS STEEL BUILDINGS **COSTCO (MEDFORD)** COSTCO (NORTH SPOKANE) **COUNTRYWIDE HOME LOANS COURTYARD BY MARRIOTT CRICKETS STEAKHOUSE (ID)** CYCREST SYSTEMS/TOWER **DAVENPORT HOTEL DCI ENGINEERS** DEACONESS MEDICAL CENTER EAST VALLEY SCHOOL DISTRICT EASTERN WASHINGTON UNIVERSITY

EGGE SAND AND GRAVEL ELECTRICAL CONSULT INC ECI (MT EMBARQ CORPORATION (MDFR EMPIRE HEALTH SERVICES ERICKSON AIR CRANE INC EUGENE SAND AND GRAVEL EXCEL GROUP HOME, INC. EXCELSIOR EXCELSIOR EXCUTIVE AUTO AND TRUCK EXCON MOBIL CORP (BILLINGS, MT FASTENERS, INC. (SPOKANE WA) FIELD OF BEANS COFFEE HOUSE FIRST CARE FIRST CHURCH OF THE NAZARENE

FIRST INTERSTATE BANK (MT)

FIRST NATIONAL MORTGAGE SOURCES FIRST TECH CREDIT UNION FLEXABLE CONTAIN PRD & BERG MA FOOD SERVICES OF AMERICA (MT) FRANZ FAMILY BAKERIES (EUGENE) FUGAZZI INC GLYPH LANGUAGE SERV (SPOKANE) GROUP HEALTH HAMPTON INN (MEDFORD) GWO ACCT HARRY & DAVID OPS(OR WA ID)BR HEALING LODGE OF THE 7 NATIONS HOLLISTER-STIER HOTEL LUSSO ICW USA (MEDFORD OR)

- INCREDIBLE AUTO SALES & KIA INHS INLAND NW HEALTH SERVICES INLAND ASPHALT CO. INNERCEPT INTERSTATE CONCRETE AND ASPHALT CO. IRM
- ISR (LIBERTY LAKE, CDA) JAMES H. SMITH ATTORNEY JENSEN DISTRIBUTION SERVICES JIGSAW JIM CUSTER ENTERPRISES JOHNSON ROUNDTREE
- JOSEPH WINANS FURNITURE
 K & L GATES
 KATHREIN SCALA
 KNIFE RIVER
 LANE COMMUNITY COLLEGE
 LAUREL SCHOOL DISTRICT (MT)
 LAYNE D HINCKLEY DDS PS
 LEF & HAYS PLLC
- LEE & HAYS PLLC LEMASTER AND DANIELS LITTLE HORN STATE BANK LTM INC MAIL TRIBUNE (MEDFORD)
- MCKENZIE WILLAMETTE MED CENTER MCKINSTRY ESSENTION **MCVAY BROTHERS** MEAD SCHOOL DISTRICT MEDEX U of W MEDFORD SCHOOL DISTRICT **MERCY FLIGHTS (MEDFORD OR) MESA AIR GROUP** MILESTONES MILLER WHITE RUNKLE **MOLINA HEALTHCARE MONACO ENTERPRISES** MONTANA RAIL LINK MONTANA WOMENS PRISON MONTVALE HOTEL GWO ACCT (WA) MOSS ADAMS (MEDFORD) MOSS ADAMS (SPOKANE) MUSICIANS FRIEND (MEDFORD) MUSTARD SEED Ν NATIONWIDE **NETWORK DESIGN & MANAGEMENT NEW DAY (MONTANA)**
 - NORTHERN QUEST CASINO (WA) Northwest health systems Northwest med star Northwest med van

NORTHWESTERN ENERGY NUMERICA CREDIT UNION (WA & ID **ODOM CORPORATION OLD CASTLE APG GROUP** OLD CASTLE MATERIAL OMS, INC. **OPTION CARE HOME HEALTH CARE OREGON EAR NOSE & THROAT CNTR OUTBACK STEAKHOUSE (NO OXYFRESH** PACIFIC OFFICE AUTOMATION PACIFIC UNIVERSITY OF OREGON PAINE HAMBLEN LLP PANDA EXPRESS PATHOLOGY ASSOC MED LAB PAML PE SYSTEMS PEACE HEALTH PEARSON PACKAGING SYSTEMS PEMCO FINANCIAL SERVICES PETERSON MACHINERY (OR) PHCO (EMPLOYEES ONLY) PHYSICIANS CLINIC OF SPOKANE **PINNACLE HEALTH CARE** POOL WORLD **PRECISION DENTAL PROSTHETICS** PREMERA BLUE CROSS (EMP ONLY) PREMIUM FINANCING SPECIALISTS PRIME FITNESS PROGRAM **RED LION HOTELS CORP RED ROBIN REGENCE GROUP REMAX EQUITY GROUP INC RIVER PARK SQUARE RIVERPARK NURSING AND REHAB ROCKWOOD CLINIC, P.S. ROCKY MOUNTAIN HEALTH ROCKY MTN TECHNOLOGY GRP (MT) ROGUE AGGREGATES INC ROGUE VALLEY PHYSICIANS ROSBORO, LLC** SACRED HEART MEDICAL CENT (OR) SALON RETRO (SPOKANE VALLEY) SALVATION ARMY SET IN STONE CONCRETE LLC SILETZ INDIAN TRIBES CERTIFICA SMART WIRELESS SOUTH VALLEY BANK AND TRUST SPECIALTY CLINICS SPOKANE DERMATOLTY CLINIC SPOKANE MENTAL HEALTH **SPOKANE PUBLIC SCHOOLS SPOKANE PULL TABS** SPOKANE TEACHERS CREDIT UNION SPOKANE VALLEY CHAMBER SPOKANE VALLEY FIRE DEPARTMENT SPORT TOWN SPORTS AUTHORITY SPRINGFIELD SCHOOL DISTRICT SRM DEVELOPMENT LLC SPOKANE ST JOHNS LUTHERAN MINISTRIES-M ST JOSEPHS HOSPITAL **ST LUKES REHABILITATION** ST VINCENTS HEALTHCARE MONTANA

STAFFING SERVICES, INC

STARBUCKS STATE BANK NORTHWEST STEP INC (MONTANA) STERLING WHOLE HEALTH **STRAPWORKS** STRATFORD SUITES HOTEL STRONGARM COMPLETE INC SUE WEISHAAR DDS SUM TAN PARLOR (MT) SUMMIT FORESTS SYNERGISTIC SOFTWARE SYSTEMS TAG QUEST MARKETING SOLUTIONS TAQUERIA EL GALLO INC (MEDFORD) TENDERNEST (MT) TEXAS ROADHOUSE THE BRICK HOUSE THE GRANARY (MT) THE LOFT @ W. 809 THE NATIVE PROJECT THE REGENCE GROUP T-MOBILE (GATEWAY) **TN WRIGHT & ASSOCIATES** TOOTH ACRES DENTAL TROI **TWIGS BISTRO** UNION PACIFIC RR-PASS ACT-OZ UNITED WAY OF LANE COUNTY (OR) **UNIVERSITY OF OREGON US SECRET SERVICE (SPOKANE) USPFO FOR OREGON** VALLEY HOSPITAL SPOKANE VEHRS INC. VNA W WALTERS FRUIT RANCH WASHINGTON COURT RECORDS (WA) WASHINGTON STATE PATROL WASHINGTON STATE UNIV-SPOKANE WEBER DOBSON & JENSEN PC CPA WEBSITE PROS WELDON BARBER (OUTSIDE SALES) WELDON BARBER (WA & ID) WESTERN HEALTH SCREENING WESTMARK INDUSTRIES WEYERHAEUSER CONTAINERBOARD WHITWORTH COLLEGE WILLAMETTE DENTAL WILLIAMS & WEBSTER PS WIMER ENTERPRISES WOLFF SERVICES WORKLAND & WITHERSPOON PLLC WORLD WIDE PACKETS (NATIONWIDE WORLD WIDE PACKETS (PDX) (WA) WSU ICN COLLEGE OF NURSING WSU ICN NURSING STUDENT PROGRAM WSU PARM.STUDENT PROGAM **YELLOWSTONE BOYS & GIRLS RANCH**

STANDARD PLUMBING HEATING





How You Will Be Judged

Body Fat Lost: On the commencement date, six body-parts will be measured and recorded by an Oz employee using a caliper. These will then be compared to the final measurements taken upon your completion of the Challenge (using the same 6 measuring points and method). Your body fat % loss will then be calculated.

Circumference Measurements Lost: On the commencement date, six body-parts will be measured and recorded by an Oz employee. These will then be compared to the final measurements taken upon your completion of the Challenge (using the same 6 measuring points and method). The circumference % loss will then be calculated.

Total weight Lost: On the commencement date your weight will be taken and recorded by an Oz employee. This will then be compared to your final weight. The weight loss % will then be calculated.

Before and after Pictures: On the commencement date you will have two pictures taken by an Oz employee. These will be used in the event there is a tie between or among competitors. The preferred clothing for photographs is swimsuits or shorts with a tank top. Please remember not to cover up too much as this will hinder seeing your results.

\$2,500.00	FOR	1 ST PLACE
\$1,000.00	FOR	2 nd PLACE
\$500.00	FOR	3 rd PLACE

REGISTRATION AND PACKET COLLECTION

PACKETS CAN BE COLLECTED BETWEEN THE HOURS OF 8:00 AM AND 8:00 PM ON MONDAY FEBRUARY 2ND, 2009 AT THE FOLLOWING OZ FITNESS LOCATIONS:

> NORTH SPOKANE - 603 E. HOLLAND AVENUE BILLINGS - 1603 GRAND AVENUE EUGENE - 3000 GATEWAY LOOP MEDFORD - 567 MEDFORD CENTER

WHAT TO EXPECT WHEN REGISTERING:

Participants will submit completed paperwork.

Participants will have measurements and pictures taken.

Participants will schedule either their nutritional or workout plan. (Ask how you can purchase additional training with a certified personal trainer at our corporate rate).

PLEASE ALLOW AT LEAST 1 HOUR FOR MEASUREMENTS AND PHOTOS.

REMEMBER: All documentation must be completed and submitted on February 2nd 2009.

Please print the documents:

Contestant Application 🗆 Release 🗆 Participant's/Volunteer's Waiver and Release of Liability 🗆 Volunteer's Waiver and Release of Liability 🗆 Contract With Myself

Late Registration fee ^s25 plus tax if you register on packet pick up day (February 2, 2009).





Exclus OZ Fit Dyna Sched	IB WILL Y NG OUT	IN?	ZIP CODE:	PH	RK FOR: TY: DNE: () NDER: M F		_
ATE: AAIL ADDRESS RTH DATE: VHAT CLL VHAT CLL SP9.00 F Exclus 0Z Fit Dynau Sched	IB WILL Y NG OUT	YOU IN?	ZIP CODE:	PHI	DNE: ()		_
AAIL ADDRESS RTH DATE: VHAT CLL F WORK 999.00 P Exclus 0Z Fit Dynau Sched	IB WILL Y NG OUT	YOU IN?	ZIP CODE:	GE			_
RTH DATE: VHAT CLL E WORK 599.00 F Exclus 0Z Fit Dynai Sched	IB WILL Y NG OUT	YOU IN?			NDER: M F		_
VHAT CLU E WORK 99.00 F Exclus 0Z Fit Dynai Sched	NG OUT	YOU IN?		MEMBER #:			
99.00 P Exclus DZ Fit Dynau Sched	NG OUT	IN?					
Exclus OZ Fit Dyna Sched							
OZ Fit Dynai Sched		tration	fee include	es the follo	wing items:		
	ness Towel nic Results Workc ule of group exer ness Seminar Sch	cise classes for e edule (provided	to track your success				
151.00		istratio	n fee inclu	des the fol	owing items:		
OZ Fit Dyna Sched OZ Fit	ule of group exer ness Seminar Sch	ut Record Book cise classes for e edule (provided	to track your success ach club for your motivation, sup		hallenge	-	
ules c	ind R	egula	itions				-
ontest commences z Fitness will seleci igibility to particip ocumentation (Par Il vinners are resp Il participants mus articipants mus Il participants mus Il participants mus Il participants mus	on February 2, 2 3 winners (First, ate in the Corporc ticipant's Waiver of onsible for any ap be at least 18 ye t use anabolic ste be an employee hold a current m pay the \$99.00	009 and finishes Second, and Thir te Wellness Chal and Release of Li oplicable taxes. P ars of age. roids or any othe or family memb embership, and or \$151.00 Regi	s on May 2,2009 rd Place) of which all deu llenge will be determiner iability Form, Release Fa Prizes are non transferat er medical enhancement ber of an employee of a be in good standing, wit istration Fee which is noi	d by OZ Fitness at its solo orm) no later than 8:00 ble and there will be no s t procedures, drugs or m company that is enrolled th OZ Fitness. n-transferable and-non n	e discretion after its receipt of a om on January 20th 2009. substitutions for prizes. edications unless prescribed by I under the OZ Fitness Corporat	a physician to treat a pre-existin	
ll participants mus Z Fitness reserves	have all statistics the right to use a	(including photony statistics, photony statist	os) taken by an OZ Fitne tos or information derive	ess employee. ed from the Corporate W			ole discretion.
					ou like to choose?		NESS
Shirt wou	ld you lik	e?	(Option 1) (Ontion 2)	•	•	Corporate 1	Nelln
	Compl Complete	Complete Nutritional Pr Complete Nutritional Pr Complete Nutritional Pr Complete Section 2, 2 Fitness will select 3 winners (First, gibility to participate in the Corpora cumentation (Participant's Waiver of winners are responsible for any ap participants must be at least 18 yer tricipants must be at least 18 yer participants must be at least 18 yer tricipants must be at least 18 yer participants must be at least 18 yer tricipants must hold a current m participants m participants m participants m participants m	Complete Nutritional Program Session of Ules and Regula Intest commences on February 2, 2009 and finishe Fitness will select 3 winners (First, Second, and Thi gibility to participate in the Corporate Wellness Cha cumentation (Participant's Waiver and Release of L winners are responsible for any applicable taxes. I participants must be at least 18 years of age. rticipants must be at enabolic steroids or any othe participants must be an employee or family membranity participants must hold a current membership, and participants must hold a current membership, and participants must hold a statistics (including phot Fitness reserves the right to use any statistics, pho participants must follow all rules and regulations of Shirt would you like?	Complete Nutritional Program Session and Training Workout Pr Ules and Regulations Intest commences on February 2, 2009 and finishes on May 2,2009 Fitness will select 3 winners (First, Second, and Third Place) of which all de gibility to participate in the Corporate Wellness Challenge will be determine cumentation (Participant's Waiver and Release of Liability Form, Release For winners are responsible for any applicable taxes. Prizes are non transferal participants must be at least 18 years of age. rticipants must be an employee or family member of an employee of a participants must hold a current membership, and be in good standing, wir participants must hold a current membership, and be in good standing, wir participants must hold a statistics (including photos) taken by an OZ Fitme Fitness reserves the right to use any statistics, photos or information deriv participants must follow all rules and regulations of the OZ Fitness Corporat Which O (<i>Circle one ple</i> Shirt would you like? (Option 1) (Option 2)	ules and Regulations Intest commences on February 2, 2009 and finishes on May 2,2009 Fitness will select 3 winners (First, Second, and Third Place) of which all decisions will be final and r gibility to participate in the Corporate Wellness Challenge will be determined by 0Z Fitness at its sole cumentation (Participant's Waiver and Release of Liability Form, Release Form) no later than 8:00 p winners are responsible for any applicable taxes. Prizes are non transferable and there will be no s participants must be at least 18 years of age. rticipants must be an employee or family member of an employee of a company that is enrolled participants must be an employee or family member of an employee of a company that is enrolled participants must pay the \$99.00 or \$151.00 Registration Fee which is non-transferable and-non r participants must pay the \$99.00 or \$151.00 Registration Fee which is non-transferable and-non r participants must pay the \$99.00 or \$151.00 Registration Fee which is non-transferable and-non r participants must have all statistics (including photos) taken by an 0Z Fitness employee. Fitness reserves the right to use any statistics, photos or information derived from the Corporate W participants must follow all rules and regulations of the 0Z Fitness Corporate Wellness Challenge in Which Option would yr (Cricle one please) Shirt would you like? (Option 1) Choice of a nutr	Complete Nutritional Program Session and Training Workout Program to assist in your challenge Description Substrate Statement Substrate Substrate	Complete Nutritional Program Session and Training Workout Program to assist in your challenge Description Action Actio



RELEASE

In consideration for being allowed to participate and/or volunteer in the Corporate Wellness Challenge competition, I consent to being the subject of photographs, transparencies, audio-visual recording, audio recording, motion pictures, documentation, records and/or other similar media by Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., Inc., and Oz Fitness MT, Inc., and their designees together with any subject owned by me.

I hereby irrevocably give Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., and Oz Fitness MT, Inc., and their designees the right and permission to copyright and/or publish, reproduce or otherwise use, distribute, or exhibit, with or without advertising sponsorship, either in whole or in parts, either alone or with other products, my name, voice, likeness, written material, photographs, transparencies, audio-visual recordings, audio recordings, motion pictures, documentation, records and/or other similar media about or by me for instruction, art, advertising, trade or any other purpose that Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., and/or Oz Fitness MT, Inc., and/or their designees in their sole discretion may determine. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the above-described materials in whole or part as Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness WA, Inc., Oz Fitness OR, Inc., Oz Fitness OR, Inc., and/or Oz Fitness OR, Inc., and/or Oz Fitness OR, Inc., and/or Oz Fitness Challenge competition to remove unauthorized sponsored clothing or commercial logos from parties outside the Corporate Wellness Challenge competition.

I hereby agree to relinquish all rights, title, and interest I may have in the above-described materials or any product or creation that may be used in connection therewith, and waive all rights to payment or compensation therefore. As such, Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., and Oz Fitness MT, Inc., and their designees shall have complete ownership of the above-described materials, including copyright interests, and I acknowledge that I have no interest or ownership in the above-described materials or their copyright.

I hereby release Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., and Oz Fitness MT, Inc., and their designees from any and all claims for damages for libel, slander, invasion of privacy or any other claim based on use of the above-described materials.

I hereby warrant that I have fully read this release, that I am familiar with its contents, that I understand its contents, that I agree to its contents, and that I have every right to, and there is nothing that precludes me from being able to, fully execute this release prior to signing it.

Name:

Date:

Address:



PARTICIPANT'S WAIVER AND RELEASE OF LIABILITY

I acknowledge that the Corporate Wellness Challenge competition is an extreme test of a person's physical and/or mental limits and carries with the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by facilities, condition of participants, equipment, actions of other people including but not limited to competition participants, volunteers, spectators, club members, coaches, personal trainers, officials, monitors, and/or the producer of the event, and lack of hydration and/ or proper nutrition. These risks are not only inherent to participants, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in the Corporate Wellness Challenge competition. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possibility liability without fault. I certify that I am physically fit, that I have sufficiently trained for participation in the competition, that I am aware of no reason why I cannot or should not participate in the competition, and that I have not been advised otherwise by a qualified medical person that I cannot or should not participate. I acknowledge and understand that I should consult with my physician(s) to obtain clearance to participate in the competition and that i is solely my responsibility to obtain such clearance from my physician(s) prior to participating in the competition.

I authorize Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., and Oz Fitness MT, Inc., and their employees, agents, representatives or assigns and those acting under their permission to investigate, access and collect information about me, any statements made by me in my application, any supporting documents or any other documents that I sign in connection with my application. I hereby unconditionally and irrevocably release and forever discharge Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., and Oz Fitness MT, Inc., and their employees, agents, representatives or assigns and those acting under their permission from any and all liabilities arising out of or in connection with any such investigation.

In consideration of my application and permitting me to participate in the Corporate Wellness Challenge competition, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (a) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or claims or causes of action of any kind which may hereafter accrue to me by participating in or by traveling to or from the competition, the following entities or persons: Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., and Oz Fitness MT, Inc., and their directors, officers, employees, volunteers, representatives, and agents as well as the event holders, event sponsors, event directors, event volunteers, and event officials; (b) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my or any actions during this event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event. The Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document, I understand its contents, and I have had an opportunity to consult with legal counsel of my choice prior to signing this document.

NAME:

PHONE:

CITY/STATE/ZIP:

ADDRESS:

E-MAIL:

EMERGENCY CONTACT:

PHONE:

SIGNATURE OF PARTICIPANT:



VOLUNTEER'S WAIVER AND RELEASE OF LIABILITY

Voluntary Participation. I acknowledge that I have voluntarily applied to assist Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., and/or Oz Fitness MT, Inc., and/or their designees in its participant competition entitled Corporate Wellness Challenge. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., or Oz Fitness MT, Inc., and that I will not be eligible for any Workers Compensation benefits.

Release. In consideration of the opportunity afforded me to assist in this competition, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Oz Fitness Holding Corp., Oz Fitness WA, Inc., Oz Fitness OR, Inc., and/or Oz Fitness MT, Inc., or any of their affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the competition, or any of the volunteer workers, for the injury or death to me or damage to my property, however, caused, arising from my participation in the competition. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from any personal injury or death to me, or damage to my property, sustained in connection with my participation in the Corporate Wellness Challenge.

Name:

Date:

Address:





Contract with Myself

Get on board and make the commitment. Sign your personal contract — hang it wherever you need that extra bit of motivation. You're on your way to living your Best Life.

I hereby commit to living the Best Life I can live.

I am committing to myself that I will participate in a program of regular exercise, including a minimum of 45 minutes of activity over the course of four days each week.

If I decide to go home after work and not go directly to the gym for the day, I will commit to doing some sort of activity for at least 30 minutes before I turn on a TV, get on my computer, or decide to eat.

I will focus on challenging my abilities in the pursuit of elevating my physical performance.

I will endeavor to be conscious of when I eat, and consistently terminate the consumption of all foods two to three hours before bedtime.

When I eat at work at my desk, I promise to make sure my choices are healthy and foods that supply me with healthy energy and nutrients throughout the day.

I will also be aware of why I eat, and will, to the best of my ability, eat primarily to satisfy my nutritional needs as opposed to my emotional needs.

I will do my best to make healthful good choices by substituting foods that are nutritionally empty to those that are rich in nutrition.

I will make sure to keep my body hydrated with water throughout the day.

It is important for me to get the right amount of sleep to help my body recover, so I will make sure that I commit to allowing myself to get the proper amount of sleep to be rejuvenated.

Furthermore, I realize this is up to me to make this change in my life. I can do this. Through my journey I will only see the reflection of the strength of my character and of my health.

SIGNATURE

DATE____

