

  
Corporate Wellness  
**CHALLENGE**  
2009

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 overall 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](mailto:rcm@ozfitness.net)

[List of active partners in Fitness](#) ▶▶▶



  
**Corporate Wellness**  
**CHALLENGE**  
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## 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.

<b>\$2,500.00</b>	<b>FOR</b>	<b>1<sup>ST</sup> PLACE</b>
<b>\$1,000.00</b>	<b>FOR</b>	<b>2<sup>ND</sup> PLACE</b>
<b>\$500.00</b>	<b>FOR</b>	<b>3<sup>RD</sup> PLACE</b>

## 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 \$25 plus tax if you register on packet pick up day ( February 2, 2009 ).

## CONTESTANT APPLICATION

Please print

NAME:		COMPANY YOU WORK FOR:	
ADDRESS:		CITY:	
STATE:	ZIP CODE:	PHONE: (     )	
EMAIL ADDRESS:		GENDER: M   F	
BIRTH DATE:	AGE:	MEMBER #:	
<b>WHAT CLUB WILL YOU BE WORKING OUT IN?</b>			

### \$99.00 <sup>plus tax</sup> Registration fee includes the following items:

- Exclusive Corporate Wellness Challenge 2009 T-Shirt
- OZ Fitness Towel
- Dynamic Results Workout Record Book to track your success
- Schedule of group exercise classes for each club
- OZ Fitness Seminar Schedule (provided for your motivation, support and education)
- Choice of a Nutritional Program Session or a Training Workout Plan

### \$151.00 <sup>plus tax</sup> Registration fee includes the following items:

- Exclusive Corporate Wellness Challenge 2009 T-Shirt
- OZ Fitness Towel
- Dynamic Results Workout Record Book to track your success
- Schedule of group exercise classes for each club
- OZ Fitness Seminar Schedule (provided for your motivation, support and education)
- Complete Nutritional Program Session and Training Workout Program to assist in your challenge

## Rules and Regulations

- Contest commences on February 2, 2009 and finishes on May 2, 2009
- Oz Fitness will select 3 winners (First, Second, and Third Place) of which all decisions will be final and non-contestable.
- Eligibility to participate in the Corporate Wellness Challenge will be determined by OZ Fitness at its sole discretion after its receipt of all completed entry forms and all signed supporting documentation (Participant's Waiver and Release of Liability Form, Release Form) no later than 8:00 pm on January 20th 2009.
- All winners are responsible for any applicable taxes. Prizes are non transferable and there will be no substitutions for prizes.
- All participants must be at least 18 years of age.
- Participants may not use anabolic steroids or any other medical enhancement procedures, drugs or medications unless prescribed by a physician to treat a pre-existing medical condition.
- All participants must be an employee or family member of an employee of a company that is enrolled under the OZ Fitness Corporate Wellness Program.
- All participants must hold a current membership, and be in good standing, with OZ Fitness.
- All participants must pay the \$99.00 or \$151.00 Registration Fee which is non-transferable and non-refundable.
- All participants are responsible for committing themselves to the Corporate Wellness Challenge.
- All participants must have all statistics (including photos) taken by an OZ Fitness employee.
- OZ Fitness reserves the right to use any statistics, photos or information derived from the Corporate Wellness Challenge in any manner that it sees appropriate in its sole discretion.
- All participants must follow all rules and regulations of the OZ Fitness Corporate Wellness Challenge in order to qualify and participate.

### Which Option would you like to choose?

( Circle one please )

- (Option 1)    Choice of a nutrition plan or a workout plan
- (Option 2)    Receive both a nutrition plan and a workout plan

### What size of T - Shirt would you like?

( Circle one please )

Sm    Med    Large    XL    XXL    3X    4X    5X

## 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 OR, Inc., and/or Oz Fitness MT, Inc., and/or their designees in their sole discretion may determine. This grant further includes direction 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 it 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:

ADDRESS:

CITY/STATE/ZIP:

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 \_\_\_\_\_