

Participant Summary of Rules

1. The biggest loser is determined by the person who loses the biggest percentage of body weight as opposed to actual pounds. Therefore, men and women all have the same advantage and will all be combined in one payout.
2. Percentage of Body weight will be determined by the following computation:

$$\frac{\text{Starting Weight} - \text{Final Weight}}{\text{Starting Weight}} = \% \text{ of Body Weight Lost}$$

3. Any participant that has an operation or any surgery that results in, or has the purpose of, weight loss will not be eligible.
4. Any weight loss program (other than surgical procedures) are acceptable but, you should contact your doctor before any drastic changes to your food intake or exercise regimen
5. All participants must be employed by Collin County
6. The participant understands that most of the communication regarding the challenge will be done via email. It is the responsibility of the participant to provide a working email address to properly receive these communications.
7. The starting weigh-in will be obtained within a 7 day business window from start of challenge
8. The ending weigh-in will be obtained within a 7 day business window from end of challenge

Weight Loss Participation Form

I am participating on a voluntary basis in the Collin County Health Care Services Challenge. My participation is on my own time and this activity is not work related or work required.

I understand that weight challenge/recreational/athletic activities may result in injuries. I believe that I am in good enough health to safely participate in this challenge and understand that it is my responsibility to seek clearance from my primary care physician if I have pre-existing medical conditions.

I give Collin County permission to send a generic email regarding weigh in locations and times, and any information relevant to this challenge. I understand that my name will be used to generate a distribution email to participants and may be removed at any time per my request.

I release Collin County and Collin County Health Care Services from any financial or legal liability as a result of any injury or illness which I sustain which I perceive may be associated with my participation in this activity.

Participant Name/Signature

Date

Witness

Date