

CONTESTANT APPLICATION

www.eight2the8s.wordpress.com



1. Please fill out the application legibly. (Both you and your partner must fill out the application separately)
2. Use dark colored ink.
3. Answer all questions honestly and to the best of your ability.
4. Return application or mail back to:

YMCA Kingsport
Attn: Kim Rucker
1100 Franklin Square
Kingsport, TN 37664

Name: _____ Name you go by: _____

Address: _____

Phone #'s: Home: _____ Cell: _____
Work: _____ Fax: _____

E-mail address: _____

Gender: M F Height: _____ Weight: _____

Birth Date: _____

Marital Status: Single Married Divorced Widowed Engaged

Spouse's Occupation: _____

Children (List names and ages): _____

I grew up in: _____

Occupation: _____

Highest Level of Education: _____

School(s) Attended: _____

IF YOU ARE APPLYING WITH A PARTNER, PLEASE LIST THE NAME AND PHONE NUMBER OF YOUR PARTNER AND EXPLAIN HOW YOU KNOW THEM. DO YOU HAVE ANY OTHER FAMILY MEMBERS WHO ARE ALSO OVERWEIGHT (that you are not applying with)? IF SO, PLEASE LIST THEIR NAME(S), RELATIONSHIP TO YOU AND THEIR APPROX. HEIGHT(S) AND WEIGHT(S).

PART I: YOUR PROFILE

DESCRIBE YOUR JOB HISTORY. WHAT DO YOU CURRENTLY DO AND WHY ARE YOU GOOD AT IT?

HOW WOULD SOMEONE WHO REALLY KNOWS YOU DESCRIBE YOUR **BEST** QUALITIES?

HOW WOULD SOMEONE WHO REALLY KNOWS YOU DESCRIBE YOUR **WORST** QUALITIES?

GIVE US A BRIEF SYNOPSIS OF YOUR DIETING HISTORY:

WHAT IS YOUR GREATEST ACCOMPLISHMENT?

WHAT PERSONALITY TRAITS ARE YOU ANNOYED BY?

WHAT IS SOMETHING WE WOULDN'T KNOW BY LOOKING AT YOU?

MY FAVORITE RESTAURANT IS _____

DESCRIBE YOUR FAVORITE MEAL: _____

FOOD IS:

EXERCISE IS:

MY WEIGHT IS: _____

WHAT WOULD MOTIVATE YOU TO LOSE WEIGHT?

HOW MUCH WEIGHT DO YOU WANT TO LOSE? _____

DESCRIBE YOUR MOST EMBARRASSING MOMENT OR EXPERIENCE?

WHAT WAS THE LAST UNUSUAL, EXCITING OR SPONTANEOUS THING YOU INSTIGATED?

WHAT DO YOU THINK WOULD BE THE BEST THING ABOUT BEING THIN?

WHAT'S THE HARDEST THING ABOUT BEING OVERWEIGHT?

DO YOU HAVE ANY BAD HABITS YOU WISH YOU COULD CHANGE?

HOW COMPETITIVE ARE YOU?

HOW ATHLETIC ARE YOU?

QUICK FACTS (CIRCLE & ANSWER):

DO YOU SMOKE? Y N COMMENTS: _____

DO YOU DRINK? Y N COMMENTS: _____

HAD ANY SERIOUS INJURIES? YES / NO (Circle One) IF SO, PLEASE DESCRIBE:

ARE YOU ON ANY PRESCRIPTION MEDICATION THAT YOU TAKE ON A REGULAR BASIS? YES / NO

DO YOU HAVE ANY ALLERGIES OR MEDICAL CONDITIONS? YES / NO (Circle One) IF SO, PLEASE DESCRIBE:

DO YOU HAVE ANY PHYSICAL CONDITIONS, SPECIAL NEEDS, OR FEARS THAT WE SHOULD KNOW ABOUT? (water, heights, etc. etc.) YES / NO (Circle One) IF SO, DESCRIBE:

CURRENT PHYSICIAN: _____

Please sign that we may contact your physician and have access to your medical records if we need proof of health:

Signature: _____

PART II: ELIGIBILITY REQUIREMENTS

- 1) You must be at least 16 years of age.
- 2) If selected as a participant you must execute waivers and release agreements required by Performance Medicine, Fun Fest, We Run Events and YMCA Kingsport or any of their licensees, successors or assigns.
- 3) You will need to be available for the program dates, May 24, 2010 – July 17 2010 and be willing to travel in the Tri-Cities if necessary to various locations as part of the program.
- 4) You must be willing to submit medical information to the program, and you must be willing to submit to a medical examination if requested.
- 5) You hereby give the following representations, warranties, acknowledgements, consents and releases:
 - (a) By signing below, I hereby represent, warrant, acknowledge, and agree that: (i) I have read and I meet and agree to be bound by the eligibility requirements; (ii) I have completed this application honestly and accurately; (iii) if any of the information in this application is found to be false or incomplete, this will be grounds for dismissal from the Program contestant selection process, and/or from the Program contest, if selected; (iv) even if I meet the eligibility requirements, promoters has no obligation to interview me, and/or select me as a contestant; (v) even if I am selected as a contestant, promoter has no obligation to conduct the contest (vi) all decisions by promoter concerning selection of the contestants is final and not subject to challenge or appeal; and (vii) promoter has no obligation to return any materials submitted by me as part of the application whether or not I am selected as a contestant. (b) By submitting this application, I hereby consent to the recording, use and reuse by Performance Medicine, Fun Fest, We Run Events and YMCA Kingsport or any of their successors or assigns., parents, subsidiaries, or affiliated entities, and each of their respective employees, agents, representative, officers and directors (collectively "Releasees") of my voice, actions, likeness, name, appearance, biographical material, and any information contained in, derived from or obtained in connection with my application to be a contestant in the Program or in any materials submitted by me in connection with my application (collectively "Likeness"), as edited, altered, or modified by the promoter or by any of the other Releasees, in any and all media now known or hereafter devised, worldwide in perpetuity, in or in connection with the Program. I agree that the Releasees or any of them may use all or any part of my Likeness, and may alter or modify it regardless of whether or not I am recognizable. I further agree that the Releasees exclusively own all right, title, and interest (including, without limitation, all copyrights) in and to any and all recordings made by them and in and to any and all video that I have provided in connection with my application and any other materials that I have provided or may provide in connection with my application or the Program (collectively, the "Materials"), including, without limitation, the right to edit, alter or modify the Materials and to use all or part of the Materials and my Likeness in any and all media now known or hereafter devised worldwide, in perpetuity. I further agree that Releasees may use my Likeness and the Materials in connection with any promotion, publicity, marketing or advertisement for the Program. I grant the rights hereunder whether or not I am selected to participate in the Program in any manner whatsoever. I release Releasees from any and all liability arising out of the recording or use of my Likeness and/or the Materials. I agree not to make any claim against Releasees as a result of the recording or use of my Likeness and/or the Materials (including, without limitation, any claim that such use defames me or invades any right of privacy and/or publicity). I agree that I shall have no right to seek or obtain injunctive or equitable relief hereunder. I understand that I will not be paid any money for giving Releasees these rights or for signing this agreement. (c) I hereby authorize promoter and any person or entity designated by promoter to investigate, access and collect information about me, about any of the statements made by me in my application, this Agreement, any supporting documents and any other documents that I have signed or provided or do sign or provide in connection with my application to be selected as a contestant in the Program, or any other written or oral statements I make in connection therewith. I irrevocably authorize promoter and any person or entity designated by promoter to secure information about me and my experiences from my current and former employers, associates, friends, family members, educational institutions, and government agencies I have provided, and I irrevocably authorize such parties to provide information concerning me. I hereby unconditionally and irrevocably release and forever discharge promoter, the persons or entities designated by promoter, and all such parties and persons from any and all liabilities arising out of or in connection with any such investigation. I specifically authorize investigation of my medical records. I acknowledge and agree that any such information obtained by promoter or by any person or entity designated by promoter pursuant to this paragraph or otherwise may be used for purposes of selecting contestants in the Program, and may be described or otherwise related in and in connection with the Program. (d) I hereby authorize promoter and any person or entity designated by promoter to conduct psychological and physical examinations of

me as required by program. I further authorize the individuals conducting such examinations of me to disclose to promoter and their representatives all information about me obtained in connection with such examinations, and authorize promoter to utilize such information in selecting contestants for the Program. I have read, understand, and agree with the foregoing.

Signature: _____

DATE: _____

Name (Please print or type) _____

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER, INVESTIGATIVE OR BUSINESS REPORT I, the undersigned consumer, do hereby authorize Performance Medicine, Fun Fest, We Run Events and YMCA, may designate in their sole discretion to perform background checks, to procure, review and evaluate a consumer report, investigative consumer report, and/or business report on me to assist in their determining my suitability for the project in which I am seeking to participate.

PRINT NAME:

First: _____ Middle: _____ Last: _____

Signature: _____

Date: _____

Current Address:

Street Number/P.O. Box Street Name Apt #

City

State

Zip Code

Daytime Phone#: _____ Cell#: _____