Ever wish you could be a participant on the TV Reality show “The Biggest Loser?”

The CWC, along with the New Hampton Tribune & New Horizons-Chamber are teaming up together to provide people in Chickasaw County the opportunity to participate in a similar program called “BIG LOSER.” This program is designed for participants to change their lifestyle, enabling them to lose weight, and get fit in a healthy, safe way.

Participants will be selected based on a personal, detailed letter describing why they believe they deserve to be a “BIG LOSER”.

Application Deadline = December 31st
1st BIG LOSER Meeting = Wed., February 4th
The 2015 BIG LOSER TEAM will be announced at Heartland Days—June 2015!
To all applicants of the “Big Loser” program:

Lose weight and get fit in a healthy, safe way for life! This program will focus on proper exercise and diet for individuals who would like to lose weight and/or get more physically fit. No tricks. No gimmicks. Just hard work and real results.

*We are doing a new style of the Big Loser this year. We are looking for 2 person teams to take part in this lifestyle challenge. The team can consist of husband and wife, parent and child, friends, co-workers or almost any other combo you can think of. If you don’t have a team member to work with we can try to match you up with another single participant so you can be a part of a team.*

Deserving candidates will be selected to participate in the program. The first week will be an informational meeting, the first half of the program includes weekly group sessions with some professional guidance, the second half of the program will give you a chance to incorporate these new concepts into your life on your own, and the last week includes community involvement. Throughout the process you will receive recognition through the New Hampton Tribune and at the conclusion, a prize package will be awarded.

Willing participants can be any size, possess any level of athletic ability, and have a strong desire to make a positive change in your life! **Final results will be based on percentage of body weight lost overall.**

Participants will be selected based on a personal, detailed letter describing why you believe you deserve to be a “BIG LOSER” and a possible personal interview with the program committee. Rules and guidelines may be added or deleted by the committee throughout the program.

One thing to keep in mind as you begin this process; You will receive plenty of encouragement from the program committee and from the entire community, however, the true motivation has to come from within. This program is designed to promote a healthy lifestyle for you!

If you would like more information, please contact Emily Kleiss at the Chickasaw Wellness Complex. 1-641-394-5433 or cwc@new-hampton.k12.ia.us

**The deadline for registration is December 31, 2014.**

Best of Luck,
BIG LOSER program committee
**Schedule**

Group meetings will be held on Wednesday nights, 5:30-7:00 PM at the Chickasaw Wellness Complex.

February 4th - Informational Meeting—Photo Session—Weigh In—REQUIRED
February 11th - Group Meeting (Work Out)
February 18th - Group Meeting (Nutrition)
February 25th - Group Meeting—Work out—Weigh-in
   Update letter for the New Hampton Tribune -REQUIRED
March 4th - Group Meeting (Nutrition)
March 11th - Group Meeting (Work Out)
March 18th - Group Meeting (Nutrition)
March 25th - Group Meeting—Work out—Weigh-in
   Update letter for the New Hampton Tribune -REQUIRED
April 29th - Update letter for New Hampton Tribune—Weigh-in—REQUIRED
May 27th - PHOTO SESSION—LOSER WALKATHON—REQUIRED
June 10th—Dairy Days Parade - REQUIRED
June 12th - Heartland Days Parade - REQUIRED
June 13th – Final Weigh-in Fireman’s 5K Run/Walk & Awards Ceremony - All REQUIRED

The awards ceremony will take place at Heartland Days. Time & location will be determined at a later date. If highlighted in red= REQUIRED element of the program but everyone is highly encouraged to attend each meeting.

If you have questions you can email Emily at cwc@new-hampton.k12.ia.us.
FEES
There is a $75 fee per person to participate in the BIG LOSER program. Checks will be cashed after the first three weeks are complete.

A check payable to: Chickasaw Wellness Complex must accompany your completed application. This check will only be cashed if you are chosen as one of the final participants. All other checks will be returned.

Once you are chosen as a participant and have begun the program, your fee is non-refundable.

The fee includes any BIG LOSER group sessions, nutritional guidance, motivational counseling, BIG LOSER t-shirt, plus admission into the CWC and any regularly scheduled CWC fitness classes.

AWARDS
A prize package will be awarded to the top 2 person BIG LOSER team, as well as the rest of the contestants. The packages, which are not yet fully established, are a combination of participation fees and cash donations and gift certificates of local sponsors.

The real reward will be a happier, healthier you!

WINNING FORMULA
The winner, or BIG LOSER in this case, will be determined by using a formula based on percentage of weight lost. Highest point total wins. For example:

Starting Weight = 200 lbs  Ending Weight = 171 lb  Percent Lost = 14.50%  Points = 14.50

REQUIRED EVENTS and ELEMENTS
All scheduled events listed as required are mandatory.

Your personal letter detailing why you deserve to be the BIG LOSER will be printed in the New Hampton Tribune if you are selected to be one of the participants. You will also be required to write monthly updates to be printed in the New Hampton Tribune during the program.

We have tried to design a program that will help you reach your fitness goals, so while you are encouraged to attend all events, if you miss a meeting, you will need to provide a doctor’s note, give 2 weeks notice or be a family emergency. If those are not reasons you will be gone, a 1 pound penalty will be added to your weight.

***Group meetings are held Wednesday nights, from 5:30pm - 7pm at the Chickasaw Wellness Complex multipurpose room.
APPLICATION PROCESS
Enclosed are a series of documents that need to be completed, signed and returned by the application deadline in order for your application to be valid. A detailed list of required items for the deadline is listed below. The medical release, signed by your doctor, is only required if you are selected as one of the participants in the program, and then must be completed and turned in prior to: February 4, 2015.

Your personal letter detailing why you deserve to be the BIG LOSER is very important in relaying your message to the program committee.

MISCELLANEOUS
Although the BIG LOSER program is billed as an individual contest, a team concept will be developed along the way. You will find yourself working with and supporting each other throughout the program and beyond.

This program does involve some mandatory elements and will involve some hard work; however, it has been designed to give you the tools to create a healthy lifestyle. The most important thing to remember is to have some fun along the way.

Rules & guidelines may be added or deleted by the committee throughout the program.

GOOD LUCK!

“Fitness is a journey, not a destination.
A journey that starts today and ends in Heaven!”

PLEASE RETURN THE FOLLOWING ITEMS IN A SEALED ENVELOPE TO THE CHICKASAW WELLNESS COMPLEX NO LATER THAN December 31, 2014.

☐ Written Application Letter
☐ Self Information Sheet
☐ BIG LOSER Program Release
☐ Health History
☐ Publicity Release
☐ Nutrition/Exercise Requests

A check in the amount of $75 per person is payable to:
Chickasaw Wellness Complex
CLIENT CONSENT FORM:

“I, _____________________, have enrolled in a program of strenuous physical activity including, but not limited to cardio respiratory training, strength training, flexibility exercises and the use of various cardio respiratory equipment. I hereby affirm that I am in good physical condition and not suffer from any disability that would prevent or limit my participation in this exercise program.”

“In consideration of my participation in the BIG LOSER program, I, _____________________, for myself, my heirs and assigns, hereby release the Chickasaw Wellness Complex (its employees and owners), and all sponsors of this program, from any claims, demands and causes of action arising from my participation in the BIG LOSER program.”

“I fully understand that I may inquire myself as a result of my participation in the BIG LOSER program and I, _____________________, hereby release the Chickasaw Wellness Complex, and all program sponsors, 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/lowest back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the BIG LOSER program.”

Print Name: ________________________________

Signature: __________________________________

Date: ______________________________________
Dear BIG LOSER program committee,

My patient, ____________________________, has advised me that he or she intends to participate in (1) a nutritional program and (2) an exercise program, which will include, but not limited to, resistance training, cardiovascular training and stretching. The sessions will last approximately one hour, and will begin at a very moderate, sub maximal level.

Please be advised that my patient, __________________________, should be subject to the following restrictions in his or her exercise program:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

In addition, under no circumstance should he or she do the following:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

I have discussed the foregoing restrictions and limitations with my patient, __________________________, and, with these specific restrictions, he or she has my permission to participate in a nutritional and fitness program under your guidance.

Sincerely,

__________________________________________________________________________________

Physician Printed Name

__________________________________________________________________________________

Physician Signature

__________________________________________________________________________________

Date

__________________________________________________________________________________

Phone Number
SELF INFORMATION SHEET

TEAM MEMBER: ________________________________

NAME: ________________________________  E-MAIL: ________________________________

ADDRESS: ________________________________________________________________

CITY: ___________________________  STATE: _________  ZIP: ________________

HOME PHONE: ___________________________  WORK or CELL: ______________________________________

HEIGHT ____  WEIGHT: ______  AGE: ______  T-SHIRT SIZE: ________________

PLACE OF EMPLOYMENT: __________________________________________________________

WHAT DAYS DO YOU WORK (circle all that apply):  Sun  Mon  Tues  Wed  Thur  Fri  Sat  Varies

WHAT HOURS DO YOU TYPICALLY WORK (circle one):  Days  Evenings  Nights  Varies

HOW WOULD YOU DESCRIBE YOURSELF (circle one):  Very Heavy  A Little Heavy  About Right

HOW MUCH EXERCISE DO YOU CURRENTLY GET (circle one):  None  Little  Some  Much

By signing below you agree to follow the CWC BIG LOSER program to the best of your ability.

Signature ________________________________  Date ____________________

Information on this sheet will be held confidential. Some of the information will be needed for publication purposes, but only at your discretion.
NUTRITION / EXERCISE REQUESTS

Are there certain topics that you would like to go over while doing the Big Loser program? Please let us know what type of nutrition, exercises and workouts that you would like to learn or do during the program and we will do our best to make that happen for you.

NUTRITION TOPICS

1.___________________________________________________________________________________
2.___________________________________________________________________________________
3.___________________________________________________________________________________

EXERCISE/WORKOUTS

1.___________________________________________________________________________________
2.___________________________________________________________________________________
3.___________________________________________________________________________________
The New Hampton Tribune will be following the progress of all BIG LOSER participants through the pages of our newspaper on an approximately monthly basis. The purpose is to provide extra encouragement from our readers. All stories will tell you positive accomplishments, but we also wish to accurately portray some of the hardships and struggles that may go along with this program as told by you. At no time will your actual weight be published. We will publish the percentage of weight that you have lost during the program.

Please initial each line if you agree with the terms:

I agree to allow my photo to be published in the New Hampton Tribune & on the Chickasaw Wellness Complex website.

I agree to allow my written application letter to be printed in the New Hampton Tribune and on the Chickasaw Wellness Complex website.

I agree to be interviewed by the New Hampton Tribune at least one time per month during BIG LOSER program and I understand that the information gathered from those interviews may be published in the New Hampton Tribune or on the Chickasaw Wellness Complex website.

I agree to having my results from the BIG LOSER program published in the New Hampton Tribune and displayed on the Chickasaw Wellness Complex website, whether or not those results are favorable.

By signing below, I have agreed to the terms specified above.
SUCCESS STORIES

2010—Norm Knutson lost 40 lbs!
(17.09 % weight loss)

2011-Brian Meyers lost 66 pounds!
(23.9% weight loss)

2012-Matt Ysbrand lost 102 pounds!
(33% weight loss)

2013-Michelle Meyers lost 52 pounds!
(21.48% weight loss)

2014—Rebecca Leichtman lost 47 pounds
(20.52% weight loss)

2015——YOUR PICTURE HERE!!!
(???? % weight loss)

DO YOU WANT IT BAD ENOUGH TO SEE YOUR WINNING PICTURE HERE?

Success is not a race, be patient. Success leads to success. Success is always a work in progress. Success doesn’t come to you—you go to it. Success is a journey, not a destination. Focus on the process. Some people dream about success...while others wake up and work hard at it. Success is achieved and maintained by those who try-and keep trying. Everyday is a good day to SUCCEED!

Chickasaw Wellness Complex
It’s about YOU… It’s about HEALTH...
1050 W. Hamilton St - New Hampton, IA 50659
(641)394-5433 - www.wellnesscomplex.com
Facebook Group: Chickasaw Wellness Complex