HealthMates Fitness Centre

# WEIGHT LOSS Challenge

## COMMUNITY SPONSORSHIP APPLICATION FORM

### PERSONAL DETAILS

First Name: _____ Surname: _____

Email: _____ Phone Number: _____

### ABOUT YOU

Have you previously participated in a Weight Loss Challenge? If so, how long ago? Yes / No Challenge Date: _____

How long have you been thinking about trying to lose weight? _____

What is your current weight and height? Weight: _____kg Height: _____cm

What would you like to weigh at the end of the 8 week challenge? Weight: _____kg

If you are currently a member of a fitness centre, which club do you belong too? _____

Has your doctor ever told you that you have a heart condition or have had a stroke? Yes / No

Do you ever experience unexplained pains in the chest at rest or during activity/exercise? Yes / No

Do you ever feel faint or have dizzy spells during physical activity/exercise that causes you to lose balance? Yes / No

Have you suffered an Asthma attack within the last 12 months that required immediate medical attention? Yes / No

Do you currently have high blood pressure/or are medicated for high blood pressure? Yes / No

If you have Diabetes (Type I or Type II) have you had trouble within the past 3 months controlling your blood glucose levels? Yes / No / Not Applicable

Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by physical activity/exercise? Yes / No

Have you any other medical conditions that may make it dangerous for you to participate in physical activity/exercise? Yes / No

List 3 ways that the Health Mates Weight Loss Challenge will change your life?

1. _____
2. _____
3. _____

In 250 words or less please explain why you deserve to win the Health Mates Weight Loss Challenge Sponsorship, **valued at $864.**

_____

_____

_____

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# COMMUNITY SPONSORSHIP TERMS & CONDITIONS

## TERMS & CONDITIONS

1. Applicant must be eligible for membership at Revesby Workers' Club. Health Mates Fitness Centre will cover the cost of a 12 month Club membership in the event that the applicant is not already a Club member.
2. Applicant must have a minimum of 5 -10 kilos to lose.
3. Applicant must include a current, full body photograph wearing tight fitting clothing attached to their application in order to be considered for sponsorship.
4. Health Mates Fitness Centre will collect personal information from the participant prior to the start of the Health Mates Weight Loss Challenge.
5. By winning sponsorship into the Health Mates Weight Loss Challenge, I agree that Health Mates Fitness Centre may use my personal information and or testimonials in any future media promotion, marketing or publicity without further reference, payment or compensation.
6. By winning sponsorship into the Health Mates Weight Loss Challenge I agree that Health Mates Fitness Centre may use photographs and video footage of me, which may include me participating in Personal Training, outdoor training, group exercise classes, as well as video diaries, without compensation, and further consent to the use of these photographs and/or footage for the advertisement of Health Mates Fitness Centre.
7. Total sponsorship monetary value and its specific inclusions are not transferable or exchangeable and cannot be taken as cash.

## YOUR RESPONSIBILITIES

1. You agree that you will partake in a Dexa scan at the start (27/9 or 29/9) and at the completion of the challenge (22/11 or 24/11) at Health Mates Fitness Centre.
2. You agree that you will provide an honest, weekly video diary of your progress, including how you are feeling, any weight loss achieved, and how your training is going, for the duration of the 8 week challenge (minimum of 6 videos to be supplied directly to Health Mates Fitness Centre).
3. By winning the Health Mates Weight Loss Challenge Sponsorship you agree to complete an entry form and pose for day one photographs, as well as final day photographs, which will be used as "before" and "after" comparisons, as well as possible advertising.

## APPLICATION PROCESS

1. Sponsorship applications are due to Health Mates Fitness Centre by **Sunday 9 September 2018.**
2. It is Health Mates Fitness Centre's preference that all applications are delivered in person to Health Mates Fitness Centre, located on the bottom level of Revesby Workers' Club. Understanding that this may not always be possible, applications can also be submitted via post and email.
   Mailing Address: Health Mates Weight Loss Challenge
   2B Brett Street
   REVESBY NSW 2212
   Email Address: christinav@rwc.org.au with the subject heading "WLC Sponsorship Application"
3. Health Mates Fitness Centre will not take responsibility for any lost applications that were submitted via post or email.
4. Health Mates Fitness Centre will acknowledge receipt of applications within 72 hours. If after 72 hours you have not received confirmation of receipt please telephone Health Mates Fitness Centre on 8707 6930. If you have not received confirmation from Health Mates Fitness Centre that your application has arrived, do not assume that your application has been received.

## JUDGING

1. The winner of the Health Mates Weight Loss Challenge sponsorship will be notified by 5:00pm on Friday 14 September 2018.
2. Applications will be assessed by a panel of independent judges who have no vested interest in the Health Mates Weight Loss Challenge.
3. The judging process may include a phone and/or face to face meeting.
4. The decision made by the judges to pick the winning sponsorship applicant of the Health Mates Weight Loss Challenge will be final, and there will be no further correspondence.

## ENDORSEMENT

By applying for sponsorship in the Health Mates Weight Loss Challenge, I confirm that I have read, understood and agreed to the Community Sponsorship Terms and Conditions, and should I be the winner of sponsorship, will be bound by the above, in addition to the standard challenge terms and conditions.

Signature: _____ ____/____/____