



**Weight Loss Challenge Application**

1. Please fill out the application **legibly**. Both your 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. Please attach a non-returnable photo.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #'s    Home: \_\_\_\_\_  
                  Cell: \_\_\_\_\_  
                  Work: \_\_\_\_\_                    Other: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Email address: \_\_\_\_\_

Gender: M    F

I AM A LAWFUL U.S. RESIDENT:  Yes     No

Beginning Weight (Taken by Brick Bodies/Lynne Brick Staff): \_\_\_\_\_

Please provide your partners name and phone # and explain how you know them.

\_\_\_\_\_  
\_\_\_\_\_

Workout Availability: (Please Put Days and Times)

\_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of Brick Bodies/Lynne Brick's?  Yes  No

Do you currently belong to another health club? If so which one?

\_\_\_\_\_



Give a brief synopsis of your dieting history.

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Please describe any bad habits that you have & why you want to change them?

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Describe a major issue that has affected your life? Do you still face this issue?

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What are you like in a room full of strangers? What types of people intimidate you? How do you react in these situations?

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How athletic are you?

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How competitive are you?

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Do you currently take any medication on a regular basis?  Yes  No  
(If yes, please describe)

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Do you have any allergies, medical conditions/physical conditions, special needs, or fears that we should know about?  Yes  No  
(If yes, please describe)

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Can you provide medical clearance by your primary care physician?  
 Yes  No (If no, please describe why)

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Have you ever been charged or convicted of a violent offense or a felony?  
 Yes  No (If yes, please describe)

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Do you currently smoke:  Yes  No

Do you currently drink:  Yes  No  
(If yes, how often?)

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In the following section please list three personal references:

1. Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Relationship: \_\_\_\_\_

1. The Extreme Brickover Couples Edition is open to both Members & Non-Members, no fee is required.
2. Couples may consist of any of the following; family members, friends, co – workers, significant others.
3. Couples applications must be turned in together and you must provide on the application how you and your partner know each other.
4. You must be at least 21 years or older & be a citizen of the United States.
5. If you are currently employed by **Brick Bodies/Lynne Brick's**, ABC2, Diet-to-Go, or any affiliate or have family member's who are employed by **Brick Bodies/Lynne Brick's**, ABC2, Diet-to-Go, or any affiliate you are ineligible to be in the weight loss challenge.
6. Registration for the Extreme Brickover Couples Edition will be from Monday, February 1, 2010 – Sunday, February 28, 2010.
7. Participants must be weighed in at time of registration. Participants must also supply a before picture (a frontal ¾ to full body shot wearing shorts & t-shirt.) Please note: photographs and applications will not be returned
8. Medical clearance must be provided by your primary care physician upon registration. The clearance form is provided in the application.
9. All participants must agree to sign a "Release and Agreement" form to allow their photos, videos and essays/testimonials to be used in any promotional material and advertising as **Brick Bodies/Lynne Brick's**, ABC2, and Diet-to-Go see fit. Participants must also be willing to be on television, blog & participate in social media initiatives as **Brick Bodies/Lynne Brick's**, ABC2, and Diet-to-Go see fit. The Extreme Brickover Couples Edition is being sponsored by **Brick Bodies/Lynne Brick's**, ABC2, and Diet-to-Go. Before and after weights and pictures may be used in any or all forms of advertising.
10. Diet-to-Go will be the participants' primary nutritional diet for the 8 week Extreme Brickover Couples Edition. All participants will be required to eat all meals provided by Diet-to-Go and may not deviate or supplement alternative meals. Participants will have 24 hours to pick up all meals for the week. If meals are not picked up within in 24 hours a late charge of \$25 will be assessed. Participants will also be required at the start of the challenge to provide a credit card on file for such tardy cases.
11. Applicants must be available for in – person interviews. These will be done March 4<sup>th</sup> – March 8<sup>th</sup> at Brick Bodies Corporate office. Applicants will be notified by phone and must respond with-in 24 hours to set up their interview time.
12. **Brick Bodies/Lynne Brick's**, ABC2, and Diet-to-Go will pick 6 couples at their **Sole Discretion** to take part in the 8 week Extreme Brickover Couples Edition.
13. All 6 couples must follow all guidelines of challenge:
  - a) Must complete daily contestant tracking spreadsheet. This will track daily weight loss, club usage, supervised personal trainer sessions & meal pick-ups.
  - b) Must workout at **Brick Bodies/Lynne Brick's** only.
  - c) Must attend their two personal training sessions per week.
  - d) Must attend all weekly weigh – ins.
  - e) Must eat the 3 daily meals provided by Diet-to-Go. Participants with any food allergies MUST notify Diet-to-Go so the appropriate meals can be provided.
  - f) Must not smoke cigarettes, take illegal drugs or any other dietary or metabolic supplements that will speed up metabolism and increase weight loss.
  - f) Extreme weight loss techniques such as wearing thermal suits, inappropriate sweat enhancing outfits and sitting in Sauna/Steam rooms for extending periods of time are prohibited.
  - h) Any inability to follow these guidelines may result in disqualification from the challenge.
14. The 6 couples of the Extreme Brickover Couples Edition will be notified on March 9, 2010. Participants must respond within 24 hours of notification either by emailing [josh.gerber@brickbodies.com](mailto:josh.gerber@brickbodies.com) or calling **Josh Gerber at 410-252-8058 ext. 107** to be eligible.
15. We recommend all participants strive to be within 5lbs of their original weight at the official weigh-in on March 23, 2010.
16. All participants must understand that it is his/her responsibility to have a physician declare it safe for participation. By signing below the participant understands that the companies participating in the contest cannot be held liable for an individual's health problems or health problems resulting from previously undetermined/undiagnosed conditions.
17. The 6 couples must be available for weekly weigh-ins that will be televised by ABC2. Times will be determined by **Brick Bodies/Lynne Brick's** & ABC2. The 6 couples must also be available if called upon to appear with Lynne Brick on ABC2 on during the 8 week Extreme Brickover Couples Edition or any other initiatives ABC2, Diet-to-Go or **Brick Bodies/Lynne Brick's** see fit.
18. All 6 couples in the Extreme Brickover Couples Edition will receive a FREE membership for the 8 weeks of the challenge. If you are a member your membership will be frozen starting March 22, 2010 ending May 18, 2010. If you are a Non-Member you will be given an 8 week FREE membership starting March 22, 2009 ending May 18, 2010.
19. A FREE 14 Day trial membership will be provided to all participants not chosen as one of the 8 finalists. Participants may begin using their passes on Monday, March 22, 2010. All photographs/applications of non-finalists will be discarded.

**\* Brick Bodies/Lynne Brick's is responsible for the rules and fulfillment of the Extreme Brickover Couples Edition Challenge.**

#### Awards:

1. First Place Couple: \$5,000
2. Second Place Couple: \$3000
3. Third Place Couple: \$2,000

#### Award Selection Criteria:

1. All 6 Couples will be required to be at the final weigh-in Tuesday, May 18, 2010 at **Brick Bodies Reisterstown**. The final weigh-in will be aired on ABC2. Time TBA
2. Winners will be selected based on the combined percentage of weight lost of the couples during the 8 week period. Example: If you started at 250 and lose 25lbs your % of weight lost is 10%.
3. Winners will be determined at final weigh-in on Tuesday, May 18, 2010.

Weight Loss Participant (Please print) \_\_\_\_\_ Brick Bodies Associate (Please print) \_\_\_\_\_

Weight Loss Participant (Please sign) \_\_\_\_\_ Brick Bodies Associate (Please sign) \_\_\_\_\_

## Extreme Brickover Couples Edition Release and Agreement

Consent is given this \_\_\_day of \_\_\_\_\_, 200\_\_\_, by the undersigned to Brick Bodies Fitness Services, Inc., its officers, agents, employees, servants, as well as the heirs, legatees, devisees, successors, assigns and personal and legal representatives of the foregoing, hereinafter collectively referred to as "the Company".

In consideration of [name] \_\_\_\_\_, hereafter referred to as *Volunteer*,

(a) Volunteer hereby irrevocably grants by consent to the Company (1) the right to use my name, testimonial, likeness and/or voice whether in video tapes, on Internet web sites or email, still or motion pictures, photography and/or reproduction including voice and features, with or without my name, for any purpose whatsoever that is reasonable in the promotion of the business of the Company, (2) the right to tape and edit material or use in whole or in part at the Company's discretion and to incorporate the same into published material, video, film or audio recording or program, and (3) full and unrestricted permission and authority to reproduce, publish, broadcast, and use anything to which Volunteer consents in this paragraph (a) in any matter, media or any form whatsoever including unrestricted use for purposes of publicity, advertising and sales promotion. Volunteer acknowledges and fully understands that news media may use my testimonial, comments, photographs, or videotapes.

(b) Volunteer hereby indemnifies and holds harmless the Company from all liability claims, actions and damages arising in any manner from the use of materials and information described in (a) above.

(d) Volunteer agrees that this consent shall be continuing in nature and shall apply to each time or instance in which Volunteer provides or participates in the items described in (a) above.

(e) Volunteer agrees that I will receive no compensation, monetary or otherwise, in exchange for the provision of materials or participation in the production of or use of the materials described in (a) above.

I have read the consent form and all of its terms. I execute this consent voluntarily and with full knowledge of its significance.

I represent that I am at least twenty one (21) years of age and have the right to execute this consent.

In witness whereof, I have executed this consent on the day and year indicated above.

**WITNESS:**  
*Signed:*

**AUTHORIZED CONSENTING PARTY (Volunteer):**  
*Signed:*

\_\_\_\_\_

\_\_\_\_\_

Brick Bodies Fitness Services, Inc.

Print Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

**\*Brought to you by:**



In general, all participants must complete a Health Screening Questionnaire. However, because you are applying for the Extreme Brickover Couples Edition, You are required to obtain a physician's authorization before being allowed to participate in this structured exercise program at **Brick Bodies**.

**Per current HIPPA Guidelines, your Patient has authorized the release of his/her information by executing this request below.**

**Authorization To Release Information Approved:** \_\_\_\_\_  
(Patient Signature & Date)

Dear Doctor:

Your patient, \_\_\_\_\_, wishes to start a personalized training program. The activities will be structured similar to what is listed below in type, frequency, duration, and intensity:

**Type: Resistance Training, Mobility/Stability Training, Cardio Vascular Training.**

**Frequency: minimum 2 to 3 times per week**

**Duration: 8 weeks 30 to 60 Minutes per Training Session**

**Intensity: Variable Intensity: From 40 to 70 Percent of Max**

If your patient is taking medications that will affect their exercise program (i.e. heart rate, blood pressure, muscular function, etc.), please indicate the medication and its effect on your patient.

Type of medication(s) \_\_\_\_\_

Physiological Response to Exercise: \_\_\_\_\_

\_\_\_\_\_

Are there any recommendations or restrictions that are appropriate for your patient that may preclude him/her from participating in a structured exercise program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
Date

Thank You,

\_\_\_\_\_  
**Brick Bodies/Lynne Brick's Associate**  
**FAX (410) \_\_\_\_\_**