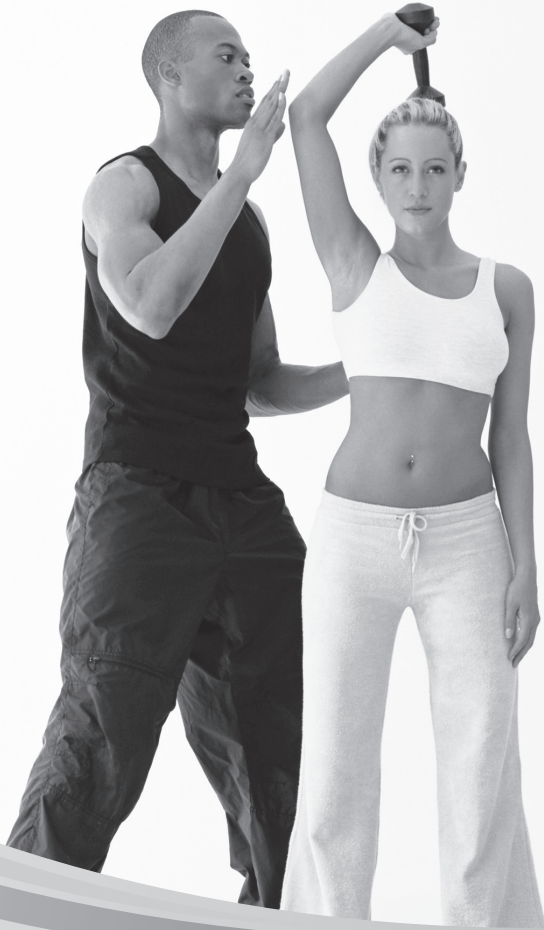


MIND. BODY. SOUL.



Get It Back Give it Back 2012

If you have
20lbs or more to lose
Get it Back
Give it Back 2012
is For you!

2012 SPONSORS



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CANADIAN MENTAL HEALTH ASSOCIATION
ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE



APPLICATION FORM

FOR OFFICE USE ONLY

Date _____

Applicant# _____

Picture Taken yes no

DEADLINE: Wed. Jan. 4th, 10pm
Mandatory Group Meeting:
Thursday, Jan. 5th, 7pm

INITIAL

APPLICANTS' COMMITMENTS & TRAINING SCHEDULE

- Each final applicant must commit to work with their team and trainer 2 times per week for 12 weeks. Please circle your preference with 1st, 2nd, 3rd choice. If there is only 1 time slot that suits your schedule, only circle 1.
- Commit to writing a daily food log.
- Must commit to attend weekly & monthly challenges, educational workshops, tours, and educational talks.
- Commit to participating and/or volunteering with Monthly Charity Events
- Must be willing to sign a media and photo release.
- Must be willing to share your experience on Facebook, Global Blog, and submitting testimonials.

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY |
|--------------|----------------|----------------|----------------|-----------------|
| 1 2 3 | 8:00 – 9:00 AM | | 8:00 – 9:00 AM | |
| 1 2 3 | | 9:00– 10:00 AM | | 9:00 – 10:00 AM |
| 1 2 3 | | | | |
| 1 2 3 | | 5:30 – 6:30 PM | | 5:30 - 6:30 PM |
| 1 2 3 | 5:30 – 6:30 PM | | 5:30 – 6:30 PM | |
| 1 2 3 | 6:15 –7:15 PM | | 6:15 – 7:15 PM | |

MEDICAL HISTORY

| | | |
|--|-----|----|
| 1. Does your doctor know that you are about to participate in this exercise program? | YES | NO |
| 2. Do you frequently have pains in your chest when you perform physical activity? | YES | NO |
| 3. Do you have high blood pressure? YES NO If yes, are you on medication? | YES | NO |
| 4. Do you have low blood pressure? | YES | NO |
| 5. Do you have or have you ever had a heart condition? If so please give details | | |
| 6. Have you been treated for cancer? If so, please give details | | |
| 7. Do you have diabetes? If so, please give details | | |
| 8. Do you have Asthma? If so, please give details | | |
| 9. Have you had surgery? If so, please give details | | |
| 10. Are you currently seeing a health care provider and if so for what? | | |
| 11. Do you lose your balance due to dizziness or do you ever lose consciousness? YES NO | YES | NO |
| 12. If female, do you have ___painful menstrual cycles ___menopausal symptoms | | |
| 13. Do you have ___insomnia ___migraines ___headaches ___depression | | |
| 14. Do you have ___osteo arthritis ___rheumatoid arthritis ___osteoporosis | | |
| 15. Do you have ___sciatica ___sacro-iliac pain ___scoliosis ___fibromyalgia ___glaucoma | | |
| 16. Do you have a bone, joint or health problem that cause you pain while exercising? YES NO | YES | NO |
| 17. Are you pregnant now or have you given birth within the last 6 months? YES NO | YES | NO |

LIFESTYLE

| | | |
|--|--|--|
| 1. Do you smoke? YES NO If so how much? | | |
| 2. How often do you consume alcohol? ___never ___2 days per week ___3 or more days per week | | |
| 3. How often do you consume caffeine? ___never ___occasionally ___1 to 3 daily ___3 to 5 daily | | |
| 4. List your 3 biggest sources of stress 1. 2. 3. | | |
| 5. On a scale of 1-10 (1=worst, 10=best) how would you rate your present fitness level? | | |
| 6. How often do you take part in physical activities during the week? | | |
| 7. What activities are you presently involved in? | | |
| 8. If your participation is minimal, what are the reasons? | | |
| 9. How often a week would you like to workout? | | |
| 10. How much time can you realistically commit to exercise weekly? | | |
| 11. List in order of priority your short term fitness goals | | |
| a) _____ | | |
| b) _____ | | |
| c) _____ | | |
| 12. How will you know when you have achieved your goals? | | |
| 13. List your potential barriers to exercise? How will you overcome them? | | |
| a) _____ | | |
| b) _____ | | |

NUTRITIONAL HABITS

| |
|---|
| 1. On a scale of 1 – 10 (1 worst 10 best) how would you rate your nutrition? |
| 2. Are you _____ vegetarian _____ vegan |
| 3. How many times a day do you eat (including snacks) |
| 4. Do you eat breakfast? _____never _____sometimes skip _____daily |
| 5. Indicate the amount of grain products you consume per day? _____Whole Grain _____Refined Grain |
| 6. How many servings of vegetables do you consume per day? |
| 7. How many servings of fruit per day? |
| 8. How many servings of dairy do you consume per day? |
| 9. How many oz. of meat do you consume per day? |
| 10. Indicate the type and number of fats you consume per day? _____High Fat _____Low Fat |
| 11. Do you eat late at night? |
| 12. What activities do you engage in while eating (TV, driving etc)? |
| 13. How many glasses of water do you consume daily? |
| 14. How many times per week do you eat out? |
| 15. What foods do you crave? |
| 16. What foods do you dislike? |

By signing this document you will waive certain Legal Rights, including the right to sue, PLEASE READ CAREFULLY!

Appearance Release

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I authorize Global Fitness Centre, and their respective parents, affiliates, subsidiaries, licensees, successors and assigns the irrevocable and perpetual right to make use of my appearance including in relation to the program Get it Back - Give it Back as follows:

I represent and warrant that I have reached the age of majority, and agree that Global Fitness Centre may tape and photograph me, and record my name, likeness, voice, biographical information I may provide, statements, conversation and sounds, during and in connection with my appearance and that Global Fitness Centre shall be the exclusive owner of the results and proceeds of such taping, photography, and recording (collectively, the "Footage"). Global Fitness Centre shall have the right to use and to license others to use, in any manner, all or any of the Footage in and in connection with the Get it Back – Give it Back program. I represent and covenant that any statements made by me during my appearance will be true, and that neither they nor my appearance will violate or infringe upon the rights of any third party. I agree that Global Fitness Centre may decide not to use any of the Footage or may edit the Footage in its sole discretion. Except as expressly set out above, I hereby waive any right of inspection or approval of the Footage or of the uses to which any of the Footage may be put. I agree that I have had the opportunity to obtain independent legal advice and have done so or waived my right to do so.

I have read and understand these terms: _____ (initial)

Outdoor Waiver

As a participant of Get it Back 2012, GLOBAL FITNESS CENTRE, Kelowna, I take sole responsibility of participating in outdoor activity and programs with GLOBAL FITNESS CENTRE and using any equipment or the natural environment. As a condition of the facility and premises, I will voluntarily assume all risk of accident of damage of my personal property and loss thereof. Neither the GLOBAL FITNESS CENTRE owners, officials, agents, or employees shall be liable for any claim, liability of demand or any failure of otherwise, I represent that I am in good physical condition and that I have no disability or impairment to prevent me from engaging in passive or active exercise that would be detrimental to my health, safety or physical condition.

I agree to be responsible for any damages caused by me to the facility and equipment of the gym whether indoors or outdoors.

I have read and understand these terms: _____ (initial)

Awareness and Assumption of Risk

"I _____, am aware that I have applied to take part in a program of strenuous physical activity including, but not limited to, aerobic fitness, weight training, jogging, bicycling, pilates, yoga and the use of various aerobic and muscular conditioning machinery. I hereby affirm that I am in reasonable physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

I have read and understand these terms: _____ (initial)

"If I feel lightheaded, faint, dizzy or in pain I will inform my trainer or fitness instructor. I understand the results of the fitness programs depend on my effort and cooperation in and outside of the sessions."

I have read and understand these terms: _____ (initial)

Release of liability, Waiver of Claims and Indemnity Agreement

In consideration of Global Fitness and all sponsors listed on page 1 of this application accepting my application to participate in "Get it Back" I agree:

- To waive any and all claims that I may have now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower-back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program against Global Fitness Centre and others.
- To release Global Fitness Centre and Others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
- To hold harmless and indemnify Global Fitness Centre, and Others from any and all liability for damage to property of, or personal injury to, any third party, resulting from my participation in this activity.

I have read this agreement and understand it. I am aware that by signing this document I am waiving certain rights which I may have against Global Fitness Centre, and Others. I sign it voluntarily and with full knowledge of its significance.

Signed this _____ day of _____, 20_____.

Signature of Applicant

Witness

Please Print Name Clearly

Please Print Name Clearly

INITIAL