



Participant Application

LONG BEACH LOSERS

TEAM CHALLENGE

AUG. 1 - OCT. 24, 2007

JUSTINRUDD.COM

Explore. Dream. Discover.

APPLICANT INFO

Name <i>please print</i>		Age <i>as of Aug. 1, 2007</i>	
Address		Apartment/Box #	
City	State	ZIP	
Phone	E-mail		
Male <input type="checkbox"/> Female <input type="checkbox"/>	Weight	Height	Date of Birth
How many pounds do you hope to lose?		Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/>	

TEAM INFO

Team Name	
Teammate 1 (you)	
Teammate 2	
Teammate 3	
Teammate 4	
Teammate 5	

AGREEMENT

I have read, understand and will abide by the rules of this contest posted at www.JustinRudd.com/loser.html.

I agree to pay \$5 cash at each week's Wednesday weigh-in.

I agree to pay \$2 cash per pound (if any) gained at each Wednesday weigh-in.

I understand that participation in this program does not constitute an acknowledgment, representation, or indication of my physiological well-being, or a medical opinion relating thereto and that I have reached my decision about participation in this program in consultation with my doctor and/or other medical professional.

Signature	Date
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WEIGH-IN SCHEDULE

Wed., Aug. 1	Wed., Aug. 29	Wed., Sept. 26	Wed., Oct. 24
Wed., Aug. 8	Wed., Sept. 5	Wed., Oct. 3	
Wed., Aug. 15	Wed., Sept. 12	Wed., Oct. 10	
Wed., Aug. 22	Wed., Sept. 19	Wed., Oct. 17	

Bring this completed application to your first weigh-in. Contest details, updates, rules at www.JustinRudd.com/loser.html.