

MWC Holiday Challenge

(November 1 - January 3)

Name: _____

Gender: ___ M ___ F Age: _____

Initial Weight: _____ Middle Weight _____

Final Weight: _____

Email: _____
(sign up for newsletters)

Phone: _____

Are you an EMH Associate? Yes No (Circle one)

If so, do you participate in Wellness First? Yes No

Are you a member of MWC? Yes No

If not, are you doing a temporary (\$60) membership for the challenge? Yes No

Would you like a challenge t-shirt? Yes No (\$10 fee)

Adult Unisex size XS S M L XL 2XL 3XL

Participants must weigh-in at the beginning (October 30 - November 1), in the middle (December 9-11) and the end (January 2-3) of the challenge. The goal is to not gain any weight but we will allow 2 pounds to allow for hydration status and clothing differences. Participants also must scan in at McDowell Wellness Center at least 3 times each week of the challenge and complete the Holiday Healthy Selfie challenges.

Waiver Form

Waiver: I recognize that the I Survived the Holidays Challenge is offered through McDowell Wellness Center and is a voluntary program which may involve strenuous activity. Any injuries that I may sustain are not the responsibility of McDowell Wellness Center. I assume the risk for any injury that may occur to me while participating in the program.

Signature

Print Name

Date: _____

