



2018 Fort Wayne's Smallest Winner Application

I. Application

1. Please fill out application **COMPLETELY** and **LEGIBLY** so we can read.
2. **A copy of your insurance card is required.** Applications without insurance and a copy of insurance proving coverage will be rejected.
3. **Please see eligibility requirements on part IV before completing application.**
4. Answer all questions to the best of your ability.
5. Please do not write on the back pages of the forms. Attach additional sheets if necessary.
6. Delivery of the following in person to Spiece Fitness, 5310 Merchandise Drive, Fort Wayne, IN, 46825 by **Friday, February 16, 2018.**

1. **Completed application in full! INCOMPLETE Applications will be rejected!**
2. Recent photo **FULL BODY NOT JUST FACE! (Not to be returned)**
3. Physician release form
4. Two (2) minute video **that you must upload to our website.**
The link is: www.fortwaynessmallestwinner.com/s11-upload.html
You will also find the link in the APPLY NOW article on our homepage.
5. **Copy of Insurance card (See item 2 above)**

Name: _____ Phone: _____

Address: _____ City _____ ST. _____ Zip _____

Email: _____ Shirt Size: _____

Sex: M F Age: _____ DOB: ___/___/___ Height: _____ Weight: _____

Are you a lawful U.S. resident? Y / N

Have you ever been convicted of a crime? Y / N

If Yes, please list date and reason:

Have you ever been involved in a lawsuit? Y / N. If so, provide details:

Occupation: _____ Highest level of education _____

School(s) attended:

Married / Single Number and age(s) of Children:

Are you a diabetic? Y / N If Yes, what type:

Does your family have a history of heart disease? Y / N

Do you smoke? Y / N

Do you chew tobacco? Y/N

Do you drink alcoholic beverages? Y / N

If Yes, how often and amount: _____

Are you willing to give up alcohol, chewing and smoking during this contest? Y / N

Medical-Orthopedic Conditions /Surgeries: **(please include dates)**

LIST ALL PLEASE!

Are you currently taking any medications? **If so, please list them ALL! Please print and write reason for taking medication. PRINT CLEARLY and LEGIBLY. You must include the purpose for each medication (example: Lisinopril – 5m 1x/day High blood pressure)**

VERY IMPORTANT WE HAVE ALL LISTED!

Do you have any allergies/or allergies to any medications? _____

Are you under the care of a Physician for Depression?

Are you under the care of a Physician for an Eating Disorder?

Date of last physical: _____ Name/Phone# of Physician: _____

Do you plan on becoming pregnant in the next 6 months? Y / N

Please tell us in your own words the reason why you would like to enter this contest and why you think that you are a good candidate to participate and succeed? (Attach another sheet if needed)

Are you a former athlete? Y / No If so, what sports? _____

What are some of your interests and hobbies?

Additional Information that you feel is important for us to know about you:

Applicant Signature

Date

Printed Name

Date

II. Waiver of Liability, Indemnity Agreement, and Assumption of Risk

Waiver: In consideration of participating in the Fort Wayne's Smallest Winner Contest (FWSW) and using the services of Spiece Fitness, on behalf of myself, my heirs, personal representatives, or assigns, I do hereby covenant not to sue, and hereby release, waive, and discharge Ace Performance Team, LLC, d/b/a Spiece Fitness, Rick and Tina Walters, all sponsors, volunteers and associates of FWSW, all related owners, officers, employees, volunteers, sponsors and agents, from liability from any and all claims arising from the ordinary negligence of Spiece Fitness, FWSW, or any of the aforementioned parties. All of the above are referred to as "Spiece Fitness and FWSW" throughout this release. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested, or planned by Spiece Fitness and FWSW including, but not limited to, organized activities, classes, instruction, observation, related activities in a non-supervised setting, and use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to hold harmless and indemnify Spiece Fitness and FWSW, its owners, officers, employees, volunteers, sponsors, agents and insurance carriers from all claims (whether initiated by me or by a third party) and to reimburse them for any expenses incurred as a result of my involvement with Spiece Fitness and FWSW. I further agree to pay all expenses, including court costs and attorneys' fees, incurred by Spiece Fitness and FWSW and the aforementioned parties in investigating and defending claims or suit resulting from my participation in any Spiece Fitness/FWSW and conditioning activities.

Severability and Venue: I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in the District Court or the Federal Court where the incident occurred.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability for injury resulting from ordinary negligence to the greatest extent allowed by law in the State of Indiana.

Assumption of Inherent Risks: Fitness and conditioning activities, by their very nature, carry with them certain risks that cannot be eliminated regardless of the care the personal trainer takes to prevent injuries. The personal training activities offered by Spiece Fitness and FWSW provide for activities such as weight lifting, walking, jogging, running, stretching, and other aerobic activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction and other involve sustained physical activity that places stress on the cardiovascular system. In addition, many activities will involve equipment (e.g. barbells, free weights, boxing, kickboxing, plyometric and agility work, medicine ball work, cones, advanced weight training technique, stair stepping, Jacobs ladder, advanced cardiovascular techniques, conditioning testing procedures) and complex machines (e.g. treadmills, stepping machines, elliptical, stationary bikes) all of which have the potential of malfunctioning or causing injury.

The specific risks vary from one activity to another, but in each activity the risks range from 1) occasionally occurring minor injuries such as scratches, bruises, muscle strains, and sprains to 2) rarely occurring major injuries such as ligament damage, broken bones, joint or back injuries, concussions, and heart attacks to 3) the very rare occurrence of catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at Spiece Fitness, I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries

that may occur as a result of activities made possible by Spiece Fitness and FWSW. I hereby assert that my participation is voluntary and that I knowingly and willingly assume all risks.

Acknowledgement of Understanding: I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify a complete assumption of the inherent risks in any way associated with the personal training program offered by Spiece Fitness to the greatest extent allowed by law in the State of Indiana.

Insurance Coverage: You acknowledge that you are covered under an insurance plan and that you have supplied a copy of proof of coverage as part of your application.

Failure to provide proof will reject your application. **INITIAL Your Acknowledgement:** _____

Applicant Signature

Date

Printed Name

Date

III. Nutrition Information

1. Do you have any food allergies? Please list:
2. What has been your weight pattern over the past 10 years?
3. What was your highest and lowest weight during those years?
(Please be as detailed as possible.)
4. What diets have you tried and how much weight did you lose with each diet?
5. How many times a week do you prepare meals at home?
6. How many times a week do you eat out? Fast Food _____ Restaurants _____
7. What is your ultimate goal weight loss in pounds?
8. What is your ultimate goal weight?
9. How many times a day do you eat regular type meals? Snacks?
10. What type of foods do you have a tendency to snack on? High Fat? Sugar?

IV. Eligibility Requirements

VERY IMPORTANT TO READ CAREFULLY AND UNDERSTAND!

1. Must be at least **18 years of age** and at least **50 pounds** overweight.

2. Must be a U.S. resident.

3. You may not participate in the Program if your participation would create impropriety or appearance of impropriety.

4. If selected as a participant you will need to complete waivers and release agreements by Spiece Fitness and FWSW.

5. Requirements-

- Each participant will need to be available to FWSW from **March 25, 2018 – July 14, 2018**.
- **Contestants must provide a copy of Health Insurance thus if injury occurs you have ability to see a Doctor to allow you to continue this 15-week program. Please make a copy and submit with application.**
- **FMS Mandatory Screening** – Summit Physical Therapy – March 24 8am – 10:30am. You will be assigned a time WITH YOUR TEAM if you are selected.
- 3RRC (Three Rivers Running Company) shoe assessment – DO NOT BUY SHOES until you are assessed. **Dates/Times:**
 - Tuesday March 27 9am – 7pm
 - Wednesday March 28 9am – 7pm
- Orientation will take place **Sunday, March 25, 2018** at Spiece from 1:00 p.m.-4:00 p.m. with interviews scheduled between 10:00 a.m.- 1:00 p.m.
- Must be willing to come into the facility and/or to meet at various locations within the Ft. Wayne area during the program.
- There will be a minimum of three (3) 2nd workouts required each week. **You'll need to take classes for your 2nd workout twice during the week and a MANDATORY class workout on Saturday mornings at Spiece Fitness. Class times will range from 8:00 a.m.-11:00 a.m. on Saturdays. You will need to complete one hour. We will discuss further at Orientation.**
- Finally, participants **MUST** be available to attend the **Finale** at The Performing Arts Center on **July 14, 2018 at 6:00 p.m.** during the **Midwestern States** Body Building Show.

6. Each participant may be subject to submitting to physical and psychological examinations by medical professionals. You will be required to meet all physical and psychological contest requirements. You must be willing to provide Spiece Fitness & FWSW with medical information and medical examination documents.

7. The participant is required to sign **ALL** forms and waivers; submit a **FULL BODY Picture, Physician's Release, Application completed in full & finally a two (2) minute video uploaded to our website at www.fortwaynessmallestwinner.com/s11-upload.html** in order to be considered for the program.

8. The days of training will be **Tuesday, Wednesday, Thursday, & Friday from 6:00 am to 7:00 am**, beginning **April 3, 2018** and ending on **July 13, 2018**. We will incorporate **Swimming** into our training every Thursday. **You will need a swimsuit**. You are also **REQUIRED** to attend **Weekly Weigh-in** and **Nutrition meetings** on **Monday** evenings from **6:00pm – 7:30pm**. **Beginning April 2nd, 2018**. **You must make a commitment to this 90-day program and can be removed if you miss you sessions or lack commitment.**

COMMITMENT in this program is huge. If you fail to comply you will be removed from the program. NOEXCUSES.

9. The participant will need to be available to make public appearances at sponsor locations throughout the event.

10. Participant agrees that video and photos may be used for promotional purposes.

11. Participant agrees to **BLOG weekly** on the FWSW website about their journey. **This is MANDATORY!** If you fail to blog extra credit will be issued. If this continues you will receive a warning and then asked to leave program.

12. Participant agrees after the program ends to provide their **weight weekly to FWSW for 1 year of program ending. Failure will prohibit future involvement as an alumni.**

Applicant Signature

Date

Printed Name

Date

Entry Deadline: Friday, February 16, 2018
NO EXCEPTIONS

****PLEASE SUBMIT YOUR APPLICATION, COPY OF INSURANCE CARD, PHYSICIAN RELEASE FORM, & FULL BODY SHOT IN A SEALED ENVELOPE AND DROP OFF TO THE FRONT DESK AT SPIECE WITH YOUR FULL NAME ON ENVELOPE.***

****NOTE YOUR TWO (2) MINUTE VIDEO IS UPLOADED TO OUR WEB SITE AT www.fortwaynessmallestwinner.com/s11-upload.html***



2018 Physician Release to Exercise

Patient - _____ Date of Birth: _____

M F (Circle one)

Address- _____ City : _____ Zip : _____

Phone: (H) _____ (W) _____

I authorize the release of appropriate medical information on my behalf to Spiece Fitness & Fort Wayne's Smallest Winner.

Applicant Signature Date

Parental Signature if under 18 years old Date

Your patient is interested in participating in the Fort Wayne's Smallest Winner Contest at Spiece Fitness. The program will consist of supervised group training 4 times per week, from **March 26, 2018 – July 13, 2018**.

Your patient is required to have your clearance to exercise prior to beginning his/her program.

Spiece & Fort Wayne's Smallest Winner are requesting that you provide **recommendations/restrictions** regarding your Patient's participation in any exercise program, which is developed for the participant of this event by our fitness professionals.

Assumption of Inherent Risks: Fitness and conditioning activities, by their very nature, carry with them certain risks that cannot be eliminated regardless of the care the personal trainer takes to prevent injuries. The personal training activities offered by Spiece Fitness and FWSW provide for activities such as **weight lifting, walking, jogging, running, stretching, swimming, stairs, and other aerobic activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction and other involve sustained physical activity that places stress on the cardiovascular system. In addition, many activities will involve equipment (e.g. barbells, free weights, boxing, kickboxing, plyometric and agility work, medicine ball work, cones, advanced weight training technique, advanced cardiovascular techniques, conditioning testing procedures) and complex machines (e.g. treadmills, stepping machines, elliptical, gravity equipment, stationary bikes, & Jacob ladder) all of which have the potential of malfunctioning or causing injury.**

Please complete the Physician Consultation Form and return it to your patient to submit with the application and other required materials.

___ I do not know of any medical reason that the applicant may not participate in physical activity.

___ The patient may participate with the following recommendations or guidelines:

___ The patient is not cleared to exercise due to a known medical condition.

Medications and effect (if any) on exercise: **Please PRINT name of medication & reason.**

Physician Signature

Date

Printed Name

Date

Phone Number

Address : _____ City : _____ Zip: _____

If there is any information you would like us to supply, please feel free to note it on the form or contact us at 260-609-2282. Thank you for taking your valuable time to assist us in developing a safe and effective exercise program for your Patient. Thank you. Fort Wayne's Smallest Winner Committee.