

Fort Wayne's Smallest Winner Application

I. Application

1. Please fill out application completely and legibly.
2. Please see eligibility requirements on part IV before completing application.
3. Answer all questions to the best of your ability.
4. Please do not write on the back pages of the forms. Attach additional sheets if necessary.
5. Deliver all of the following in person to Spiece Fitness, 5310 Merchandise Drive, Fort Wayne, IN, 46825 by **Friday, February 26, 2010**.
 - a. Completed application
 - b. Recent photo (not to be returned)
 - c. Physician release form
 - d. Two(2) minute **DVD** of why you want to be a contestant in the Fort Wayne's Smallest Winner Contest. (MUST BE A DVD. NO EXCEPTIONS PLEASE.)

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 drink alcoholic beverages? Y / N.

If Yes, how often and amount: _____

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

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

Are you currently taking any medications? **If so, please list them:**

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:

Signature

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, plyometrics 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, ellipticals, 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.

Signature

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

1. Must be at least 18 years of age, and at least 40 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 elected as a participant you will need to complete waivers and release agreements by Spiece Fitness and FWSW.
5. Each participant will need to be available to Spiece Fitness from March 28, 2010 – July 10, 2010 and be willing to come into the facility and/or to meet at various locations within the Ft. Wayne area. In addition, participants will need to be available to attend the finale at the Embassy on July 10, 2010 during the Three Rivers 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 with medical information and medical examination documents.
7. The participant is required to sign all forms and waivers; send in a picture, a two (2) minute DVD, a physician's release, and the application in order to be considered for the competition.
8. The days of training will be Tuesday, Wednesday, and Thursday, from 6:00am to 7:00am, beginning March 30th and ending on July 10th. You will also be required to take a one hour class of your choice on Saturdays at Spiece Fitness. You are also required to attend weekly weigh-in and Nutrition meetings on Monday evenings from 6:00pm – 7:30pm. You must make a commitment to this 90 day program and can be removed if you miss you sessions or lack commitment.
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.

Participant Signature

Date

Entry Deadline: Friday, February 26, 2010.