



Loser Takes All 2012

"The Weight You Were"

Registration Packet

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"Loser Takes All" 2012 Fitness Program
"The Weight You Were"

Goals of Program: To have FUN while accomplishing your goals of fat loss and improved health and fitness!

What can I expect physically: Expect to lose weight and body fat! Participants not only lose weight but also lose inches meanwhile increasing total body strength, increasing conditioning and flexibility.

By establishing specific personal goals related to weight loss, health issues and fitness, participants will achieve LIFE CHANGING results!!

Length of Program: 12 weeks

Begins: Monday January 16, 2012

Ends: Monday April 9, 2012

Previous Results from our "Last Loser Takes All" Competition

Age/Gender	Time	Goal	Results	Comments
48/Male	6 months	Lose 50 lbs	Lost 60 lbs	Reduced body fat by 10%
41/Male	6 months	Lose 25 lbs Lose 3" from waist	Lost 33 lbs Lost 4.5" from waist	Reduced cholesterol from 248 to 163
35/F	1 year	Lose 20 lbs	Lost 27 lbs	Works out 3Xs/week
29/M	10 weeks	Run sub 8 minute mile	Ran mile in 7:34	Reduced body fat over 12%

Team Crull Fitness

16 participants

157 lbs lost

27.1% body fat lost

23.10 reduction in BMI

Team Gensler Corporate

12 participants

99 lbs lost

29.3% body fat lost

14.6 reduction in BMI

Team TPHR Corporate

20 participants

124 lbs lost

20.1% body fat lost

20.5 reduction in BMI

What's included in the "Loser Takes All" Program?

- 12 Week training program
- Loser Takes All Manual with Stretches, Exercises and Nutrition Plans
- Weigh In and Weigh Out Including Body Composition Measurements and Body Image Photo
- Weekly Weigh-in and Body Composition Measurements
- Week 1, Week 6, and Week 12 Bench mark body measurements and photos to insure proper tracking of results
- Private Weekly Tracking of Results
- Two Group Training Sessions per week
- A Program that is Fun and Energetic, but most of all WORKS!

Overview - "Loser Takes All 2012" Fitness Program

- 12 week fitness program
- \$700 registration fee per entrant

Elements of "Loser Takes All" Program

- Registration fee (\$700) must be paid in full before start of program
- "Before" and "After" body composition measurements and Body Image Photo must be taken at weigh-in and weigh-out.
- Attendance at weekly weigh-ins is tracked and recorded

Frequently Asked Questions

Do I have to train at the facility where I test?

No. You are welcome to train at any Crull Fitness facility and with any Crull Fitness personal trainer.

Do I have to be a member of Crull Fitness to join?

No. We have people enter the competitions who belong to other gyms as well! This is an open competition!

Is my weight and body fat measurement published anywhere?

No. Initial Weight and body composition statistics are available to Loser Takes All staff only. During registration you are required to sign a publicity authorization, which gives Crull Fitness ownership and rights to use your photos in marketing and promotion after completion of the contest. Names will not be used with photos. Changes in weight and body composition may be published or displayed. Contact information is available to Loser Takes All staff only. We respect your privacy.

Crull Fitness
Texas Elite Athletics Facility
3361 Boyington Dr Suite 220
Carrollton, Texas 75006
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(972) 506-7152

Crull Fitness
II Creeks
2701 Custer Parkway
Richardson, Texas 75080
(972) 497-9900

How do I benefit most from the program?

The best method of getting fit includes participating and completing the following:

Set reasonable goals

Write down your goals

Weigh in weekly

Come to the weekly group workouts

Keep a diary of everything you eat

Record all your exercises

Ask for help when you need it

Offer and receive support and encouragement

Trust the Loser Takes All program and trainers!

What do I have to do?

Step One: You must register on or before January 16th 2012

Step Two: You must show up to the initial weigh in and Kick Off of the Biggest Loser on January 16th 2012

Step Three: You must weigh in weekly

Step Four: You must attend the bench mark tests

What will be done at Weigh-Ins?

We will take and record your body weight; your percent body fat, and body mass measurements.

What will be done on Bench Mark testing days?

On top of weighing in we will be taking body measurements, photos, as well as blood pressure and resting heart rate. Blood pressure and resting heart rate will be monitored throughout the program for health and fitness goal purposes.

What happens when I Weigh-Out?

On weigh-out day (Last day), we'll record the progress you made over the past few months and measure % body fat and body mass index as well as the same measurements completed at the start of the program. Your final photo will also be taken to reveal the results of the 12 week program.

Still have questions?

Contact our head Loser Takes All trainer, Adam Rose. He can be reached at our Richardson II Creeks facility at 972.479.9900 or e-mail at arose@crullfitness.com

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Crull Fitness, LLC



www.crullfitness.com

ADULT

Release Form

As evidenced by my signature below, I hereby acknowledge that I am voluntarily participating in the use of certain equipment and facilities operated by Crull Fitness, L.L.C. (the "Owner"). In connection with my participation in activities (the Sport Activity), that I understand and am accepting the risks associated with the Sport Activity and with my participation in the Sport Activity, and I hereby release any and all claims, demands, and causes of action of whatever kind and character which I may have now or in the future against Owner, its agents, employees, and representatives arising out of or in any way related to my participation in the Sport Activity. Furthermore, I hereby agree, on behalf of myself and on behalf of any person or entity claiming by, through or under me, to defend, indemnify and hold harmless Owner, its agents, employees, and representatives, from any and all claims, demands, and causes of action of whatever kind and character which may ever be brought against Owner, or its agents, employees, or representatives, whether such claims are known or unknown, at law or in equity, arising out of or in any way related to my participation in the Sport Activity.

THIS IS A LEGAL CONSENT AND RELEASE FORM. PLEASE READ IT CAREFULLY AND BE SURE YOUR QUESTIONS HAVE BEEN ANSWERED BEFORE SIGNING.

Executed this _____ day of _____, 2011/2012 at any and all Crull Fitness locations.

Signature

Name

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CRULL FITNESS
Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ Age: _____
 DOB: _____ Cell Phone: _____
 Email: _____
 Emergency Contact:
 Name/Phone: _____

How did you hear about Crull Fitness: _____
 Past/Current Training Experience: _____

Personal Goals:
 1. _____
 2. _____
 3. _____

Lifestyle:
 1. Current Occupation _____
 2. Physical Demands of Job _____
 3. Hobbies _____
 4. Recreational Activities _____

Medical & Health History

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of any other reason why you should not engage in physical activity?		

Yes No Have you ever: (Please list dates)
 Y N Been hospitalized for a musculoskeletal problem or had surgery? _____ Date:

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Y N Broken a bone? _____ Date:

Y N Had a muscle injury? _____ Date:

Y N Had a knee injury? Right Left Ligament Meniscus Other_____ Date:

Y N If yes, did you have surgery? Result_____ Date:

Y N Had a shoulder injury? Right Left_____ Date:

Y N If yes, did you have surgery? Result: _____ Date:

Y N Had a back injury?_____ Date:

Y N If yes, did you have surgery? Result:_____ Date:

Y N Had any other joint injuries? Circle all that apply:
 Hip Elbow Wrist Foot Other_____ Date:

Y N Had a heart attack, stroke or heart procedure? (Including stents, bypass, or valves)
 Please explain_____ Date:

Please provide any injuries or health issues that have bothered you in the last 6 months. _____

Y N If you have had a musculoskeletal injury, have you recovered fully from this injury and returned to full participation? For any significant medical or orthopedic problems, please obtain medical records if at all possible. This may limit delays in your clearance to participate.

Yes No Have you in the past, or do you currently use or have concerns on:

Y N Cigarettes, chewing tobacco, or marijuana? _____

Y N Alcohol? _____

Y N Other drugs (ecstasy, cocaine, heroin, etc)? _____

Y N Steroids? _____

Y N Vitamins or supplements? _____

Nutritional Concerns:

Have you tried to control your weight by: Excessive exercise? Y N Dieting/Fasting? Y N
 Vomiting? Y N Diet Pills? Y N Laxatives? Y N Diuretics? Y N
 Have you ever had an eating disorder? Y N (if yes, please explain)_____

List any current medications (including vitamins, over the counter medications, supplements, and birth control pills):_____

List any allergies (including medications, animals, food, and pollen):_____

Have you in the past or do you currently use alcohol? Y N How often? _____

Briefly summarize your current eating habits: _____

FITNESS EVALUATION-ADULT

AGE	1 st TEST DATE	2 nd TEST DATE	3 rd TEST DATE	4 TH TEST DATE
HEIGHT				
WEIGHT				
BODY FAT %				
BMI				
SIT & REACH (INCHES) TAKE MEAN OF COLD & WARM				
BLOOD PRESSURE				
<u>CIRCUMFERENCE</u> <u>MEASUREMENTS</u>				
WAIST (AT NAVEL)				
HIPS				
THIGH				
CHEST (UNDER BUST FOR FEMALES)				
ARMS				
<u>SKIN-FOLD CALIPER</u> <u>TEST</u> (ALL ON RIGHT SIDE)				
TRICEP				
SUB-SCAPULAR				
ILIA CREST (FEMALES)				
ABDOMEN (MALES)				
<u>FITNESS TESTS</u>				
SQUAT EVALUATION MARK YES OR NO				
ARMS FALL FORWARD				
KNEES MOVE INWARD				
KNEES MOVE OUTWARD				
HEELS RISE				
PUSH-UPS (REPS)				
BODY SAW (TIME)				
1 MILE RUN (TIME)				
BIKE- 1 MILE (TIME)				
INCLINE WALK-1 MILE (TIME)				

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Training Cancellation Policy:

24 hour notice is required to cancel any training session to avoid being charged for the session. Situations beyond your control are understandable, such as: sickness, family emergencies, injury, or inclement weather. Please call 972-497-9900 to cancel.

Please sign and date below that you have filled this form in honestly and accurately.

Print Name: _____

Signature: _____

Date: _____

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