



**Lose Dat® WEIGHT LOSS Challenge** is an 8-week TEAM weight loss program. Our focus is to educate all participants on how to lead a healthier lifestyle in every facet of life. This program is designed for men and women of all shapes and sizes looking to make a measurable, physical change in their overall appearance. It will allow you the opportunity for the best results-oriented workout you've ever experienced structured in a fun team environment.

The competition rewards both teams and individuals for their success and accomplishments throughout the program. The weekly schedule includes 2 trainer-led team workout sessions and other days in various group exercise/specialty classes/educational and nutrition seminars.

Weigh Ins are every other week on the *InBody570* professional, medical-grade scale. Individual and team average leaderboards posted throughout the first 6 weeks. This competition is prized on **percentage change of your body composition (% change of fat mass and % change of lean body mass from start to finish)**

## September 6 – October 27, 2016

<b>Registration Fee</b>	<b>\$75</b>
<b>Program Fee</b> if registered by August 26	<b>\$499</b>
<b>Late Registration Program Fee</b> after August 26	<b>\$549</b>

### Important Dates:

#### Introduction Week

Open Houses / Educational InBody Seminars begin the week of August 22  
Kick Off Orientation, Sunday, August 28 (5pm – 7:30pm)

#### Program Dates

Initial Weigh Ins	Tuesday, Sept. 6	all day, conference room
Final Weigh Out	Thursday, Oct. 27	all day, conference room
Finale Party	within the week after weigh outs! TBA	



# 2016 Lose Dat® Team Challenge

8-week program: Sept. 6 – Oct. 27, 2016



## Registration Packet

**Lose Dat® is a members only program.**

Non-members may contact Membership at 985-792-0200 for temporary or long term membership options.

Member Name \_\_\_\_\_ Date \_\_\_\_\_

Franco's Acct. # \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Age \_\_\_\_\_

### PREFERRED WORKOUT TIME FRAME



- 5:00am – 7:30am (childcare NOT available)
- 7:30am – 10:00am (childcare available after 7:30am)
- 10:00am – 12:00pm
- 4:00pm – 6:30pm
- 6:30pm – 8:30pm (childcare available until 8pm M-Th, 7pm Fri)

### PREFERRED TEAM OR TRAINER



Do you have a preferred Trainer?

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

**T-Shirt Size** (you will receive one free shirt, additional shirts are \$20)  
Ladies V-neck shirts run small. Sample shirts are at the Program Registration Desk.

**Choose ONE:** \_\_\_ crew neck or \_\_\_ ladies V-neck

S  M  L  XL  2XL  3XL  4XL \_\_\_ # additional shirts (\$20 each)

### PROGRAM SELECTION & PAYMENT



**NO REFUNDS ISSUED ONCE THE PROGRAM BEGINS on September 6** \_\_\_\_\_ *Initial here*

Registration is not complete until all paperwork is finalized:  
Health History Questionnaire, Waiver & Image Release & Physician's Release

**Enrollment Fee** \_\_\_\_\_ **\$75** (includes shirt & finale party cost)

**Early Bird Program Fee** \_\_\_\_\_ **\$499** (before Friday, August 26, 2016)

**Late Program Fee** \_\_\_\_\_ **\$549** (after Friday, August 26, 2016)

#### Payment Selection:

- Charge my membership account in full \$ \_\_\_\_\_
- Charge my account & draft equal payments ending in November
- Other: Payment must be arranged before you will be placed on a team by contacting the business office at 985-792-0205

<i>Office Use Only</i>	<i>Int'l's</i> _____
___ \$75 Enrollment Fee	
___ \$499 or ___ \$549 Lose Dat® Program	
___ Check #	___ Cash ___ C.C.
or ___ monthly payments of \$ _____	
on account #	

# RULES AND POLICIES



The initial weigh in will take place on: **Tuesday, September 6**

The final weigh in will take place on: **Thursday, October 27**

The formulas used for the Fitness Challenge will be determined by using the Lean to Fat Ratio (or the change of lean or fat in comparison to the starting level of lean or fat). Read the section below "How the Challenge is Scored" for details.

## Weigh Ins/Outs

Weigh Ins will be conducted on our InBody570. The first and last weigh in will be conducted in the conference room, all in-between weigh ins will be conducted in the fitness office. Only the first, middle and last (Week 1, 5, 10) will have the full body fat analysis taken, all other weigh ins will be "weight" only. **What you wear on the first weigh in must be worn for the final weigh in.** Do not exercise within an hour of your weigh in. If you do not attend your final weigh in you will be considered eliminated/disqualified from the challenge.

## "7% pound rule"

Weigh Ins will be conducted on the first day of the program. If during this Weigh In any returning participant from the previous season has gained more than 7% since the ENDING weigh out of the last season, they *can* participate in the program however **will not be eligible to be a finalist** or have their weight count for the team.

Examples: In order to "count toward the team's fat to lean ratio average" your weigh-in this season cannot exceed 7% increase from your last season's weigh out. For example: 7% of 150 lbs. - 10.50 lbs, 175 lbs. - 12.25 lbs, 200 lbs. - 14.00 lbs. So if you weighed out last season at 175 and in order to "count" for your team's average weight loss % you need to weigh in no more than. 187.25 lbs. If you weigh in at 190 you can still participate but will not count toward the team's weight loss % average and cannot be a finalist.

Why? The Lose Dat program is designed to help individuals lose weight in a safe yet effective manner. We do not promote yo-yo dieting and do not want to see participants lose an excessive amount of weight in an unsafe manner and then gain it back. "studies have reported increased risk for mental distress, life dissatisfaction, and binge eating. Some studies have shown that extreme weight cycling can even damage the heart."

Our goal is to see participants reach their attainable desired yet realistic weight and maintain and healthier lifestyle resulting in a better quality of life.

## Participation

For success in this program you must take part in ALL the facets of the program including nutritional, educational seminars, classes, training sessions and events. All participants have a "participation card" that will be tracked until the end of the program. A minimum of 75% (22 boxes) of the card will need to have been completed in order to be a finalist (in other words you cannot weigh in then disappear for 10 weeks to lose weight on your own and weigh out and count in the competition...we want you to participate in the program as much as possible). We have found the most successful people have taken advantage of all the resources and seminars the program has to offer.

## How the Challenge is Scored

The numbers used to determine the leaderboard and overall winners are based on your InBody printout. The Lose Dat® scoring system is designed to provide users with an easy way of tracking changes in body composition over time. **Rather than focusing solely on fat loss, the goal of this competition system is to reward individuals who improve overall (increasing muscle mass and/or losing fat mass).**

The scoring system is devised to make the competition fairer to all participants. By judging the amount of change (in lean or fat) in comparison to their starting level, this will allow all participants to be judged in a similar fashion. See example below:

Example:

Subject A is 200lbs with 25lbs of fat mass (12.5%BF), while Subject B is 250lbs with 65lbs of fat mass (26%BF). It will be much easier to produce a 10lb body fat loss in Subject B, therefore placing subject A at a disadvantage. Using the ratio of change scoring system, the following results:

Subject A:  $\frac{((FM)_{beginning} - (FM)_{end})}{((FM)_{beginning})} = \frac{(25-15)}{25} (*100\%) = 40\%$  change, in a positive direction

Subject B:  $\frac{((FM)_{beginning} - (FM)_{end})}{((FM)_{beginning})} = \frac{(65-55)}{65} (*100\%) = 15.4\%$  change, in a positive direction

The scoring system will then add in the changes in lean mass to monitor whether the body composition changes are ideal. Let's assume both subject A gained 5lbs of LBM while subject B lost 5lbs:

Subject A:  $\frac{((LBM)_{beginning} - (LBM)_{end})}{((LBM)_{beginning})} = \frac{(175-180)}{175} (*100\%) = 2.9\%$  change, in a positive direction

Subject B:  $\frac{((LBM)_{beginning} - (LBM)_{end})}{((LBM)_{beginning})} = \frac{(185-180)}{185} (*100\%) = 2.7\%$  change, in a negative direction

The system is designed to view an increase in LBM or a decrease in FM as **positive changes**. A loss of LBM or an increase in FM will be viewed as **negative changes**. The scoring Excel file will then add these two values together to determine direction and amount of overall change:

Subject A= +40% FM +2.9% LBM= +42.9% change

Subject B= +15.4% FM – 2.7% LBM= +12.7% change

Based on this scoring system, Subject A would win for showing the most positive change.

## Refunds

There are NO refunds once the program has started. Your money will not be refunded if you quit/resign from the competition. Only certain instances with official documented medical excuses will be considered on a case by case basis if an injury occurs that prohibits you from finishing the program. This is a limited-room only program and we expect 100% commitment from day 1. The only way we will remove you and your weight loss from the team total/average is if you have turned in an official medical release by Week 9 of the program that is approved by management *or* switch to another team within the first 2 weeks, or if you move out of the area and can no longer maintain a membership. If no proper documentation is turned in your weight loss **will still count for the total team Lean to Fat ratio average**.

## Returning Winners

Although we love for past winners to participate and be role models/mentors to others new to the program we do not award prizes to them again. Past winners are defined as Top Male or Female or Top % loser of the Team (the ones that are on the runway at the end). They will be kept on the leaderboard however taken off after the last weigh in.



# LOSE DAT® PROGRAM RELEASE OF LIABILITY

I \_\_\_\_\_ hereby accept all risks associated with my participation in Franco's Lose Dat Team® Weight Loss Challenge Program and release and forever discharge the **Franco's, its employees - including its personal trainers ("TRAINER"), Franco's, and any other officers, agent or volunteers of Franco's ("RELEASEES")** from any and all responsibilities or liability from injuries or damages resulting from or connected with my participation in any of the exercise programs whether arising from the negligence of the RELEASEES or otherwise.

1. I acknowledge and fully understand that I will be engaging in training activities that potentially involve the risk of serious injury, permanent disability or death. Other possible risks may include social and economic losses which might result not only from the RELEASEES own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the condition of the premises or any equipment. Further, that there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability, or death.
2. I further acknowledge and understand that Franco's, **its personal trainers and other employees are not licensed medical professional or physicians** and that any information or guidelines provided through the Lose Dat® program, its personal trainers or other employees carries no warranty of any kind, expressed or implied, including, but not limited to, warranties regarding safety or suitability for a particular purpose.
3. Franco's/Lose Dat/Ultra Fit and its employees will implement the most effective principals to help the participant achieve his or her goals within the TRAINER'S *scope of practice*, but cannot guarantee that its products or workouts will be safe, effective or suitable for everyone. For that reason, all services, programs, techniques and materials embodied in such services, are offered without warranties or guarantees of any kind, expressed or implied, and the TRAINER, Franco's and its employees disclaim any liability, loss or damages that may result.
4. **I understand that a physician's approval is highly recommended prior to participating in this program** and have either obtained a signed approval from my physician or have signed the *Physicians Release Form* if I meet one or more of the following criteria: 1) am male age 45 or older, 2) am female age 55 or older, 3) answered "yes" to one or more questions on the *Health History Questionnaire above*.
5. I also acknowledge that some exercise programs might be held outside of Franco's, and hereby accept all risk associated with all offsite exercise programs.
6. I have read this document in its entirety and agree to adhere to all its precepts, as well as all other terms and conditions of Franco's Lose Dat Program. I understand the risks and benefits of the program and any questions that I may have had have been answered to my satisfaction. Upon participation, I do hereby discharge, release and hold harmless the TRAINER, Franco's and its employees from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation except if such damage(s) or injury(s) is primarily the direct result of gross negligence or misconduct of the RELEASEES and not caused in part by my own negligence.

**IMAGE RELEASE** Franco's Athletic Club, its members and its employees request and hereunder signed agrees to grant all rights to use my name, photo, voice, appearance, and performance to record on or transfer to video tape, film, slides, photographs, audio tape and or other media now known or later developed to be used for broadcast, exhibit, market, sale, or to be otherwise distributed. I (the signee) hereby release Franco's, its members and its employees or vendors from responsibility for any personal injury suffered by me during production.

BY SIGNING THIS AGREEMENT, I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS VOLUNTARY EVENT AND I AM AGREEING TO THE PARTICIPANT AGREEMENT AND RELEASE OF LIABILITY.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name *(Please print legibly)*



# HEALTH HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_ Requested Trainer or Team: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender: M F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. BMI: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help determine if you should consult with your doctor before starting Lose Dat® Team Weight Loss Challenge at Franco's Athletic Club, please read the following questions carefully and answer each one honestly. All information will be kept confidential in accordance with the Privacy Act of 1974. This questionnaire is in accordance with the ACSM guidelines for risk stratification. **Please check YES or NO:**

## Cardiovascular Health History



YES NO

- Have you ever had a definite or suspected heart attack or stroke?
- Have you ever had coronary bypass surgery or any other type of heart surgery?
- Do you have any cardiovascular or pulmonary disease(s) other than asthma, allergies, or mitral valve prolapse?
- Do you have a history of: diabetes, thyroid, kidney or liver disease?
- Have you ever been told by a health professional that you have an abnormal resting or exercise electrocardiogram (EKG)?

If you answered yes to any of the above please briefly describe/explain:

---



---



---



---



---

\*If you answered "YES" to any of the Cardiovascular Health History Questions above you are required to have a Physician Release Form (see attached) signed and turned in before engaging in this exercise program.



## Cardiovascular Disease Signs and Symptoms

Do you currently or have you previously displayed any of the following:

- | YES                      | No                       | Unsure                   |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pain or discomfort in the chest or surrounding areas when engaged in physical activity?    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath at rest or mild exertion and/or unusual fatigue with usual activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Difficulty breathing while sleeping and/or lying down?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recurrent swelling of the ankles not related to an injury?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recurrent heart palpitations or racing heart rate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pain in muscles that cause you to stop physical activity?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Known heart murmur?  |

If you answered yes to any of the above please briefly describe/explain:

---

\*If you answered "YES" to any of the Cardiovascular Disease Signs and Symptoms Questions above you are considered high risk and are **required to have a Physician Release Form** (see Physician Release Form) signed and turned in before engaging in this exercise program. **You can waive your obligation to the required Physician Clearance by both initialing in the box to the left.**



## Cardiovascular Risk Factors

- | YES                      | No                       | Unsure                   |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Age:</b> Are you a Male over 45 or Female over 55 years of age  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Family History</b> of cardiac events for first-degree blood relative of males under 55 and females under the age of 65  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Tobacco Use:</b> Currently Smoke or quit smoking no more than 6 months from today   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Obesity:</b> Body Mass Index (BMI) $\geq 30$ or waist girth $>102\text{cm}$ (40 inches) for men and $> 88 \text{ cm}$ (35 inches) for women   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Hypertension:</b> Systolic blood pressure $\geq 140 \text{ mmHg}$ and/or diastolic $\geq 90 \text{ mm Hg}$ or on hypertensive medications   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Dyslipidemia:</b> LDL cholesterol $\geq 130$ ; HDL $<40$ ; Total Cholesterol $\geq 200$   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Diabetes:</b> Have been diagnosed with Prediabetes or diabetes mellitus (If Fasting Glucose is unknown this Becomes a positive risk factor in the presence of obesity, sedentary lifestyle and/or hypertension) |

\*If you answered "YES" to **two or more** of the above Cardiovascular Risk Factors you are considered to be high risk for exercise and we recommend consulting a physician and completing a Physician Release Form prior to engaging in this exercise program. **You can waive your obligation to the Physician Clearance by initialing in the box provided to the left.**

## Physiological and Anatomical Concerns



YES No Unsure

- Are you pregnant or is it likely you could be pregnant?
- Have you had any surgery or been diagnosed with any disease in the past 90 days?
- Are you currently under any treatment for blood clots?
- Are you currently taking any prescription medications?
- Do you have any muscle, bone or joint issue that may be aggravated with exercise?
- Do you have any neck or back problems?
- Have you been told by a physician that you should not exercise?
- Are you currently being treated for any other medical condition that may hinder your ability to exercise?
- During the past 6 months have you had any unexplained weight loss or gain (greater than 10 lbs)?

If you answered yes to any of the above please briefly describe/explain:

---



---



---



---

### FOR INTERNAL USE ONLY

Check and list the identified AHA/ACSM coronary risks:

\_\_\_\_\_ Existing Cardiovascular Disease: \_\_\_\_\_

\_\_\_\_\_ Signs or Symptoms of Cardiovascular Disease: \_\_\_\_\_

\_\_\_\_\_ Major Risk Factor(s): \_\_\_\_\_

#### Risk Stratification

\_\_\_\_\_ Apparently Healthy

\_\_\_\_\_ High Risk, without Signs or Symptoms

\_\_\_\_\_ High Risk, with Signs/Symptoms or known disease

\_\_\_\_\_ Pregnant

#### Factors

≤ 1 Risk Factor (No Medical Clearance Required)

≥ 2 Risk Factors (Physician Release Recommended)

Physician Release Required

Physician Release Required

\*All clients needing medical clearance must have a signed Physician Release Form prior to engaging in this exercise program.

# FITNESS AND LIFESTYLE QUESTIONNAIRE



## Describe your current physical activity or exercise program

Type: \_\_\_\_\_

Frequency: \_\_\_\_\_ days per week                      Duration: \_\_\_\_\_ minutes per workout

Intensity:     *LOW*                      *MODERATE*                      *HIGH*

## What are your specific "FITNESS" goals?



\_\_\_\_\_ Muscular Strength                      \_\_\_\_\_ Weight Loss                      \_\_\_\_\_ Reduce Body Fat  
\_\_\_\_\_ Muscular Endurance                      \_\_\_\_\_ Injury Rehabilitation                      \_\_\_\_\_ Disease Reversal/Prevention  
\_\_\_\_\_ Muscular Tone                      \_\_\_\_\_ Flexibility                      \_\_\_\_\_ Cardiovascular Fitness  
\_\_\_\_\_ Other: \_\_\_\_\_

## What are your specific "WELLNESS" goals?



\_\_\_\_\_ Control/Reduce Stress                      \_\_\_\_\_ Improve Nutritional Habits                      \_\_\_\_\_ Stop Smoking  
\_\_\_\_\_ Control Blood Pressure                      \_\_\_\_\_ Improve Productivity                      \_\_\_\_\_ Pain Management  
\_\_\_\_\_ Control Cholesterol                      \_\_\_\_\_ Achieve a Balanced Lifestyle  
\_\_\_\_\_ Feel Better Physically, Mentally, Spiritually                      \_\_\_\_\_ Gain Education in the areas of Wellness  
\_\_\_\_\_ Other: \_\_\_\_\_

## What is motivating you to participate in this program?



\_\_\_\_\_ Support System                      \_\_\_\_\_ Medical Reasons  
\_\_\_\_\_ Want/Need a Challenge                      \_\_\_\_\_ I'm hooked (Alumni)  
\_\_\_\_\_ Keeps me focused/disciplined                      \_\_\_\_\_ See above ☺!  
\_\_\_\_\_ Need direction                      \_\_\_\_\_ Other: \_\_\_\_\_

## How did you hear about this program?



\_\_\_\_\_ I participated in Lose Dat before                      \_\_\_\_\_ Word of Mouth / referred by another member  
\_\_\_\_\_ Newspaper / Magazine                      \_\_\_\_\_ Advertisements /Banner / TV in the club  
\_\_\_\_\_ Website / Facebook                      \_\_\_\_\_ Other: \_\_\_\_\_

## TELL US YOUR STORY (YOUR TESTIMONIAL)



We take the "before" testimonial explaining WHY you are choosing to do this program and what your expectations are. Then we will need an "after" testimonial. Email your testimonial to [judson@myfrancos.com](mailto:judson@myfrancos.com)

# franco's

**Physician Release Form**



Your patient, \_\_\_\_\_ wishes to start a personalized exercise program **September 6 – October 27, 2016**. As a participant in this program, your patient will be instructed in proper exercise techniques working one on one or with a group with a personal trainer.

Are there any medical factors in your patient's history, or any medications that are currently being taken, which would affect exercise programming or the patient's ability to participate in a non-medically supervised exercise program?

Please Circle: Yes No

If yes, please list and explain:

---

---

---

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

---

---

---

My patient, \_\_\_\_\_, has my approval to begin an exercise program with the recommendations or restrictions stated above.

**Physician Name:** \_\_\_\_\_

**Physician Practice:** \_\_\_\_\_

**Physician's Phone:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_