

CONTEST RULES

Pounds for Relief is a 12-week weight loss challenge as part of the *Working Toward Wellness (WTW)* program. *WTW* is a joint partnership between Chrysler Canada Inc., the Canadian Auto Workers' union (CAW) and the Windsor-Essex County Health Unit. This program is not medically supervised. As a participant, you are responsible for speaking with your healthcare provider to make sure that you do not have any health conditions that may be negatively affected by your participation in this program.

Your participation is voluntary and you may withdraw from the challenge at any time.

Measurements of your height, weight, and waist circumference will be done upon registration. Midpoint (week 6) and final (week 12) measurements of weight and waist circumference will also be done.

PRIZES

Prizes will be awarded* as follows:

- 1 Wii Fit System™:** to the participant who loses the highest percentage of weight
- 1 iPod Nano (8 GB):** to the participant who loses the most weight (in pounds)
- 3 iPod Shuffles:** to three participants from the winning department (drawn by raffle)
- BBQ or bicycle:** to the participant chosen through raffle draw who has completed the challenge

**prizes will only be awarded following the correct completion of a skill-testing question*

Participants will not be eligible to win a prize if they:

- fail to weigh in on the required weeks (i.e., upon registration, week 6, week 12)
- fail to complete both surveys (i.e, upon registration and upon completion of the challenge)
- withdraw before the challenge has ended
- do not correctly answer the skill-testing question

PARTICIPANT AGREEMENT

I, _____ (print full name), _____ (print master #) have read and understood the *Pounds for Relief* contest rules. I have agreed to participate in the *Pounds for Relief* weight loss challenge of my own free will. I will not make a claim that *Working Toward Wellness* staff and volunteers acted unprofessionally or below the standard of care because they did not request a medical referral from my doctor. I understand that this challenge is not medically supervised and it is my responsibility to visit my healthcare provider regularly to have any changes in my health status monitored. I will not rely on or substitute the advice given by *Working Toward Wellness* staff and volunteers should it contradict the advice given to me by my primary healthcare provider.

I understand that the goal of *Pounds for Relief* is to help promote healthy lifestyle behaviours. I am aware that weight loss is not guaranteed.

I give permission to the *Working Toward Wellness* staff to follow up with me by e-mail at 6 months and 12 months after the challenge.

In accordance with the above understanding, I agree to release the *Working Toward Wellness* program, its members, affiliates and related parties from any and all liability or negligence associated with or arising from my participation in *Pounds for Relief*.

Participant's signature _____ Date _____

Questions may be directed to:
Working Toward Wellness Program
www.workingtowardwellness.ca
519-258-2146 ext. 3101