

USU Dining Services Presents...

USU Dining Services - The Biggest Loser Challenge

Name: _____ Partner/Buddy: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Starting Weight: _____ Ending Weight: _____

Weight Loss: _____ Weight Loss as Percent of Body Weight: _____

This weight loss challenge is not intended, in any way, as a substitute for professional medical advice. Always seek the advice and follow the treatment recommendations of your health care provider. USU Dining Services and the Employee Wellness Program will not be held liable for any damages or claims as a result of your participation in this challenge. I am participating in this challenge voluntarily.

Winners will be based on percent of weight loss. All participants are eligible to win prizes.

Signature: _____ Date: _____ Wellness Staff: _____

Turn in top portion & save bottom portion for your records. All info is confidential.

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USU Dining – Biggest Loser – Tracking Sheet Name: _____ Start Weight: _____

Week	Dates	Weight	Initial	Week	Dates	Weight	Initial
Wk 1	May 18-24	_____	_____	Wk 8	July 6-12	_____	_____
Wk 2	May 25-31	_____	_____	Wk 9	July 13-19	_____	_____
Wk 3	June 1-7	_____	_____	Wk 10	July 20-26	_____	_____
Wk 4	June 8-14	_____	_____	Wk 11	July 27-Aug 2	_____	_____
Wk 5	June 15-21	_____	_____	Wk 12	Aug 3-9	_____	_____
Wk 6	June 22-28	_____	_____	Wk 13	Aug 10-16	_____	_____
Wk 7	June 29-July 5	_____	_____	Wk 14	Aug 17-21	_____	_____

Participants must weight weekly on the scale in the Wellness Center (HPER 109) to qualify. Initial, weekly, and ending weights must be confirmed by a member of the wellness staff. Have fun and Be Well.