



# ASHE COUNTY SHERIFF'S OFFICE

SHERIFF B. PHIL HOWELL      CHIEF DEPUTY DANNY HOUCK



## Program Guidelines and Liability Waiver

The Sheriff's Weight Loss Challenge is a fun and friendly competition designed to encourage employees to lose weight while establishing healthy eating and fitness habits. The program will inspire your competitive nature and motivate you to engage in some type of physical activity each week. Sheriff Howell wants to promote awareness of the value of physical activity in the pursuit of happier, healthier, more productive lives and challenges you to keep pace with him by moving to your own healthy beat. No matter your overall conditioning, you are encouraged to perform healthy activities and move for a fitter and healthier you.

### Eligibility:

1. Must be an employee of Ashe County Sheriff's Office.
2. Must be 21 years of age or older by July 13th, 2022

### Guidelines:

Participants certify they are physically able to undertake this fitness and weight loss effort. Individual weight loss results vary and participation in the Challenge does not guarantee weight loss. Factors such as diet and genetic makeup, overall health, or physiological differences may influence weight loss. Please consult with your physician before beginning any new nutrition or exercise program.

Weigh-ins will be conducted at the exercise room on the 3rd floor of the Sheriff's Office. Participants must weigh in BY JULY 12TH, and again in November, which is the final time just prior to the winners being announced. A schedule will be provided, and no alternate weigh-in times or methods will be allowed. Verify your ability to meet the scheduled weigh-ins prior to registration. Failure to meet this minimum requirement will disqualify you from the challenge.



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Participants cannot have had weight loss surgery since 2015. No participant shall use any artificial or inappropriate means of weight loss or alteration in body composition in order to win the Challenge including but not limited to liposuction, weight loss surgery or other similar procedures.

Participants are encouraged to lose weight in a healthy and fair manner. Please, no diet pills, laxatives, colonics, or diuretics UNLESS PRESCRIBED BY A DOCTOR FOR A MEDICAL CONDITION.

Winners will be determined based on a percentage of weight loss from starting body weight. Example Calculation: 1. Beginning weight— ending weight = pounds lost 2. (pounds lost/beginning weight) X 100 = percentage weight lost

## Participant Liability Waiver

- I am participating on a voluntary basis in the Sheriff's Health and Fitness Challenge.
- I believe that I am in good health and can safely participate in the Sheriff's Health and Fitness Challenge. If I have any concerns about my health I will consult my physician.

"I, the undersigned, understand the following: I am aware that physical activities and active weight loss can be hazardous and I am voluntarily participating in these activities with knowledge of the hazards involved and hereby agree to accept any and all risks of injury or death. The County and/or Sheriff's Office is not responsible for participants' injuries or damages occurring from recreation activities. The County and/or Sheriff's Office does not provide participants with medical insurance or treatment for injuries. I agree to hold harmless and release the Ashe County Government & the Ashe County Sheriff's Office, its officers, agents, and employees from any and all liability or claim arising from or related to my participation in the Sheriff's Weight Loss program activities with respect to death, personal injury, illness or property damage. This release includes, but is not limited to, all liability for death, personal injury, illness or property damage resulting from the active or passive negligence of the Ashe County Government, Ashe County Sheriff's Office or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Ashe County Sheriff's Office. I am responsible for any loss, theft or damage to either personal or County equipment, articles, or facilities while using said equipment, articles and/or facilities.

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Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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