

BMG's Get Lean Contest

March 1, 2011 – May 31, 2011

Registration Form

2/8/11 v2



1. Name: _____

2. Address: _____

3. E-Mail: _____@_____

4. Daytime Telephone: _____

5. If BMG/Epic employee, list: Dept. _____ tel. ext. _____

6. Date of birth: _____

7. What's your game plan for winning this contest?

- I'm doing my own program
- I'm using a non-BMG program (Weight Watchers, Jenny Craig, TOPS, etc.)
- I'm doing a BMG program (Total Wellness, Lifestyle, Lite Weighs, Individ. Appt.)
- I need help! Please contact me with BMG weight loss options

8. Fee: **\$25.00 per BMG patient & BMG/Epic staff**

\$35.00 per non-BMG patient

Total Fees enclosed: \$_____

(Write checks to **"Beaver Medical Group"** & in memo **"Get Lean Contest"**)

For Health Ed staff use:

Baseline weigh-in date: _____

Baseline weight: _____

Baseline body fat pounds: _____

**The earliest to weigh-in is Feb. 20 @ first orientation meeting; see Rules for more details.*

Continued on next page

10. **RELEASE** - Please read and sign

In consideration of your accepting my entry for this BMG Get Lean Contest, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, **RELEASE** and discharge any and all rights and claims for damages which I may have, or which may hereafter occur to me against the BMG Get Lean Contest committee, planners, organizers, volunteers, Beaver Medical Group, L.P., EPIC Management Inc., sponsors, contributors, the persons, or organizations affiliated, their representatives, successors and assigns for any and all injuries suffered by me due to my involvement in the BMG Get Lean Contest. I will additionally permit free use of my name and pictures in broadcasts, television, radio, print, Internet, and any other form of media promotion. I attest and verify that I am physically fit to participate in the BMG Get Lean Contest, and I have my doctor's approval to exercise, if such approval is needed. *There are no refunds if I withdraw or do not finish the BMG Get Lean Contest.*

Signature (parent/guardian if under 18 years of age)

date

13. For more information, contact contest director, Dr. Ernie Medina, Jr., at the following:

E-mail: emedina@epiclp.com

Web: www.beavermedicalgroup.com

Tel.: 909-335-4131; FAX 909-307-0137

14. **Mail or drop off this completed form with payment to:**

<p>Beaver Medical Group Attn. Dr. Ernie Medina, Jr. Health Education Dept. 434 Cajon Redlands. CA 92373</p>
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You can also bring this registration form and your fee to one of our special orientation & weigh-in meetings listed below:

Sun., Feb. 20, 7:00 – 8:00 PM, Redlands, 340 Cajon, Conf. Rm. A

Tue., Feb. 22, 6:00 – 7:00 PM, Yucaipa, 33758 Yucaipa Blvd., front entrance area

Wed. Feb. 23, 11:00 AM – 1:00 PM, Banning, Specialty building, 6109 W. Ramsey

Thu., Feb. 24, 6:30 – 7:30 PM, Redlands, 340 Cajon, Conf. Rm. A

No RSVP needed; just show up to any of these times!

Good Luck!