



**“We Can”
Weight Loss Challenge
Waiver Form**

I am participating on a voluntary basis in the Weight Loss Challenge. My participation is on my own time and is not work required.

I understand that weight challenge activities could result in injuries to the participants. I believe that I am in good enough health to safely participate in this activity or have had it cleared with my physician.

I have read and understand the labor code section at the bottom of this form regarding off-duty recreational activities.

Name (please print)

Signature

Date

LABOR CODE
TITLE 5. WORKERS' COMPENSATION
SUBTITLE A. TEXAS WORKERS' COMPENSATION ACT
CHAPTER 406. WORKERS' COMPENSATION INSURANCE COVERAGE

Sec. 406.032. EXCEPTIONS. An insurance carrier is not liable for compensation if:

(1) the injury:

(D) arose out of voluntary participation in an off-duty recreational, social, or athletic activity that did not constitute part of the employee's work-related duties, unless the activity is a reasonable expectancy of or is expressly or impliedly required by the employment.

Lose Weight and Donate Challenge Guidelines

The goal of this weight loss challenge is not only to lose weight, but also to promote a healthy lifestyle and to give back to our community. Weight loss should be a result of healthier eating habits and exercise habits. Participants are on the honor system and are asked to participate in a healthy and fair manner.

Prohibited:

- Diet Pills (herbal or prescription appetite suppressants, metabolism enhancers, etc.)
- Water Pills (diuretics) unless prescribed for a medical condition such as high blood pressure
- Laxatives and colonics

In addition to HEB donating one canned/boxed good item to the KBTX Food for Families Food Drive at the culmination of the challenge, the top “winner” will receive an award as well. The “winner” will be determined by percentage of total weight loss. This will allow for a fair comparison rather than total pounds lost since heavier persons can safely lose weight more rapidly.

To Participate:

- The program begins with an initial weigh-in to get a starting weight. The initial weigh-in(s) will be held on the following day:

**September 2nd from 11am-1pm in the MOB Basement Training Room Or
September 3rd from 7:30-8:30am at the MSC**

The final weigh-in will be done on November 25th. Time and location will be announced.

All weight checks will be monitored by the Wellness Program Coordinator and will be kept confidential. If you are unable to attend the initial weigh-in on September 2nd or 3rd but are still interested in participating, please contact the wellness coordinator.

- Even if you chose not to participate in the challenge, you are still welcome to participate in any related educational activities associated with the challenge. You may also decide to donate items on your own or “match” what HEB will be donating for your loss or a co-worker’s loss.
- Throughout the program you will have the opportunity to participate in educational seminars, receive emails of encouragement and other special programs and incentives.
- You will weigh yourself on one of our scales on the starting date and then again on the final day of the challenge. Your starting weight and final weight will be recorded on the “Weight Check Record Form.”



“We Can” Weight Loss Challenge Weight Check Record Form

September 2nd - November 25th, 2014

Participant’s Name: _____

Weight:		Program Coordinator’s Initials:	Participant’s Initials:
First Day	<input type="text"/>	_____	_____
Final Day	<input type="text"/>	_____	_____
Weight Change:	<input type="text"/>	Percent Weight Lost:	<input type="text"/>



This form will be filed with wellness coordinator and kept confidential until the final weigh-in.