



Awards: Top Three Teams and Individuals with the Greatest Percentage of Weight Loss

Registration: \$75 per Team of Three

*****Sprint to Spring 5k Included with Summer Slimdown • Save the Date 4/3/21*****

1. Each team member must weigh-in initially and for the final weigh in to qualify for team awards.
2. If Summer Slimdown has to be canceled for any unforeseen circumstance JCC will tabulate winners based on the Initial and Second Weigh In. If two weigh ins haven't been completed a winner can't be determined.
3. No shoes worn during each weigh-in to get proper readings.
4. Our waiver form, below, must be signed by either you or your doctor, releasing any complications that may occur during the Summer Slim Down contest.
5. All weight loss will be a calculated percentage of the entire team, not individuals. We will use the teams total starting weight minus the team's final weight divided by the team's starting weight to obtain our results for the contest.
6. No substitutions on any team for any reason. No exceptions.
7. No refunds shall be given.
8. Tiebreakers will be decided by the first decimal place that determines a winner.
9. If you are or become pregnant during the contest, you will not qualify for awards.
10. We recommend, at the minimum 2-3 workouts per week, of at least 45 minutes, to help you achieve consistent results and help with a lifestyle change.

2021 Summer Slimdown Competition

Team Name _____ Registration Deadline: 1/16/2021

Participant Release: As a participant of the Jay Community Center's Summer Slim Down 2021, I agree to follow all rules above and hold harmless and release the centers, directors, sponsors, and officials from any and all liability related to this event. I hereby give my consent for the Jay Community Center to use my photograph and likeness to be used in its publications, including its website and social media.

	Please Print Name	Signature for Release of Liability	M F	Age	Phone
1.					
2.					
3.					
	Address	Email	Date of Birth	Sprint to Spring 5k Yes or No	
1.					
2.					
3.					

Office Use Only:

Fee Paid (Y/N) _____ Amount Paid _____ Date _____ Charge, Check, or Cash _____ Employee _____ Entered into Excel _____

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