



Recreation and Wellness Center

Biggest Winner

Biggest Winner Spring 2018

The Biggest Winner challenge is a 12 week program (with a one week try out) designed to help students improve exercise and nutrition habits in order to improve total wellness, along with reducing the risk of chronic disease. Students will receive assistance and guidance from certified trainers to help implement healthy behavioral changes that will increase their quality of life. Benefits of participating include but are not limited to:

Learn how to maximize gains from physical activity
Small Group Training Sessions
Education on healthier food choices
Have fun in the process!

Criteria for selection:

- A current University of Central Florida Student (registered for Spring 2018)
- A recent physical examination
- Sedentary lifestyle: not participating in at least 30 minutes of moderate-intensity physical activity on a at least three days/week for at least three months
- Body mass index $\geq 30\text{kg/m}^2$ or waist girth $> 102\text{ cm}$ (40 inches) for men $> 80\text{cm}$ (35 inches) for women
- Must provide current height and weight
- Committed to 3 hours of personal training sessions and 3 hours of individual training per week (sessions with trainers will be in the early morning)
 - Gold Team- Monday and Wednesday at 7:00am to 8:30am, Friday 7:00am to 8:30am
 - Black Team- Tuesday and Thursday at 7:00am to 8:30am, Friday 7:00am to 8:30am
 - ** Times subject to change pending teams and trainers availability, but they will be in the morning.
- Attend weekly weigh ins and competitions
- Completed application and essay describing why you should be selected to participate
- Must attend week long try out at 7:00am Monday-Friday



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Name:

Phone Number:

Email:

Major:

Total credit Hours enrolled:

Class semester/work schedule (Spring Semester):

Please answer the following questions as clearly and specifically as possible.

- 1. What is the most important thing to you at this point in your life?**
- 2. What prompted you to apply to the Biggest Winner program?**
- 3. With whom do you live that is supportive of you making these changes? What other support systems do you have in place?**
- 4. On a scale of 1 to 10 how committed are you to changing your lifestyle behaviors? Explain.**
- 5. Are you currently being treated for any health problems? If yes, explain**



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6. Are you currently using any prescription drugs?

7. How many times per week do you exercise and what types of exercise do you engage in?

8. Describe any daily activity you engage in (i.e. ride bike to work, walk to class etc.)

9. What did you like and dislike about the exercises you have tried?

10. How would you describe your current eating habits? How many meals per day? Breakfast?

11. Have you ever or are you currently receiving any counseling for any kinds of mental health problems, including alcohol, tobacco, drugs, or an eating disorder? If yes, describe.

12. Have you ever attempted to lose weight in the past? If so, how? and what was the outcome?



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The next few questions refer to alcohol use. Use the following information to help you answer each question.

- 1 drink = one 12oz can/bottle of regular beer
- = one 5 oz glass of regular (12 %) wine
- = 1 ½ oz of liquor (rum, whiskey, vodka)

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have 5 or more drinks on one occasion?
4. Have you ever smoked cigarettes?
5. Do you currently smoke cigarettes? If so, how often?
6. If you smoke cigarettes regularly, how many times have you SERIOUSLY tried to stop smoking?
7. When you do drink alcohol, what % of the time from 0% to 100% do you also smoke cigarettes?



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Notice: By signing this agreement you give up your right to bring legal action or recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your participation in the Biggest Loser Program at the **University of Central Florida Recreation and Wellness Center** now or anytime in the future.

Release of Liability and Assumption of Risk for Biggest Winner Program 2018

1. In consideration for receiving permission to participate in the **Biggest Winner Program 2018** (herein referred to as ACTIVITY), which is sponsored by the Recreation and Wellness Center (herein referred to as SPONSOR), a component member of THE UNIVERSITY OF CENTRAL FLORIDA, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** for any and all purposes SPONSOR, The UNIVERSITY OF CENTRAL FLORIDA, the UCF BOARD OF TRUSTEES, the STATE OF FLORIDA and the FLORIDA BOARD OF GOVERNORS and their respective officers, servants, agents, volunteers, or employees (herein collectively referred to as RELEASEES) **FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such ACTIVITY, or while on the premises owned or leased by RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

2. I am fully aware that there are inherent risks involved with ACTIVITY, including but not limited to possible physical injury (including, but not limited to broken bones, strains, sprains, bruises, concussions, heart attack, heat exhaustion) and loss of life and I choose to voluntarily participate in said ACTIVITY with full knowledge that said ACTIVITY may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said ACTIVITY, whether supervised or unsupervised. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, judgment, settlement, damage or costs, including court costs and attorney's fees for both the trial and appellate levels that may occur as a result of or in any way related to my participation in said ACTIVITY.

3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this ACTIVITY or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. I hereby certify that I am at least 18 years of age and am legally competent to sign this release form. If I am under the age of 18, I have had legal parent/ guardian sign this agreement, along with myself. It is my express intent that this release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Florida.

I hereby represent that I **HAVE READ THIS RELEASE FORM IN ITS ENTIRETY AND UNDERSTAND ALL OF THE TERMS AND CONDITIONS IT CONTAINS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY** as my own free act and deed; no oral representations, statements, or inducements apart from this release form have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Printed Name: _____ Signature: _____

Date Signed: _____ Student PID #: _____

Witness Printed Name: _____ Witness Signature _____



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Biggest Winner Agreement

By accepting a spot in the Spring 2018 Biggest Winner Program, running from January 22rd- April 13th, I agree to the following conditions:

- Show up on time to **ALL** personal training sessions and team challenges
 - 2 consecutive sessions missed will result in termination from the program
- Maintain a daily nutrition and fitness log through My Fitness Pal; must provide trainers with weekly updates to your food log
- Communicate with your coach if you need to miss a training session.
- Understand the physical and mental requirements involved in this program
- If any changes to your physical or mental health changes at any point of the program please communicate with your coach
- HAVE FUN!

By accepting a spot on one of our Biggest Winner teams for the Spring of 2018 we are providing you complementary personal training, however, if you fail to meet any of the above requirements, or must drop out of the program for any given reason you may be held accountable to reimburse the Recreation and Wellness Center for the personal training sessions.

Participant Name: _____

Participant Signature: _____

Date: _____

Witness Signature: _____

Date: _____



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Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.

- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



AHA/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire

Assess your health needs by marking all *true* statements.

History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, blackouts.
- You take heart medications.

*If you marked any of the statements in this section, consult your physician or other appropriate healthcare provider before engaging in exercise. You may need to use a facility with a **medically qualified staff**.*

Other health issues

- You have diabetes
- You have or asthma other lung disease.
- You have burning or cramping in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

Cardiovascular risk factors

- You are a man older than 45 years.
- You are a woman older than 55 years, you have had a hysterectomy, or you are postmenopausal.
- You smoke, or quite within the previous 6 mo.
- Your BP is greater than 140/90.
- You don't know your BP.
- You take BP medication.
- Your blood cholesterol level is >200 mg/dL.
- You don't know your cholesterol level.
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
- You are physically inactive (i.e., you get less than 30 min. of physical activity on at least 3 days per week).
- You are more than 20 pounds overweight.

*If you marked two or more of the statements in this section, you should consult your physician or other appropriate healthcare provider before engaging in exercise. You might benefit by using a facility with a **professionally qualified exercise staff** to guide your exercise program.*

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- None of the above is true.

You should be able to exercise safely without consulting your physician or other healthcare provider in a self-guided program or almost any facility that meets your exercise program needs.