



Pirate Wellness Center

Visit us at 21460 Overseas Hwy,
call 305-744-3348 or see our Web
www.piratewellnesscenter.com

“Biggest Winner” Registration

All Guests of Pirate Wellness Center must register and sign the Liability Release on the back of this application. The guests must abide by Pirate Wellness Center member guidelines and policies. Admittance is at the discretion of Pirate Wellness Center management. Please feel free to ask our staff questions about the equipment and programs.

Contest begins Monday, June 16th and ends Sunday, August 10th with an awards celebration at Boondock’s Grille & Draffhouse. Initial weigh in from June 16th to 21st and final weigh in from August 4th to 9th.

We are pleased that the Area Health Education Center (AHEC) will support the contest and has agreed to provide health assessments and weigh-in support at the beginning and end of the contest. While it is not mandatory that contestants take one of the ten scheduled one-hour health assessments as part of the contest, it makes great sense since it will include: weight and height measurement; calculation of percent of body fat; pulse and blood pressure measurement; and through a small pin prick, AHEC can measure cholesterol and blood sugar. The health assessment also provides information on maintaining a healthy cardiovascular system through exercise and diet. Optionally, you can simply have your weight and body fat measured by a certified Pirate Wellness Center (PWC) Personal Trainer or a Registered Nurse.

MET-Rx, the nation’s leading supplier of nutrients and health supplements, is also a sponsor and is providing nutrients and vitamin/energy supplements at a 20% discount. Pirate Wellness Center has just been named MET-Rx’s retail distributor in the Lower Keys.



Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Male ___ Female ___ Age _____ Email _____

How did you hear about the “Biggest Winners” contest
_____ Radio _____ Internet _____ Newspaper _____ Direct Mail _____ Drive by _____ Other _____

Fitness Goals/Interests _____ Lose Weight _____ Gain Weight _____ Cardio _____ Tone _____ Strength _____
Flexibility _____ Stress Relief _____ Injury Rehab _____ Other _____

Emergency Contact Name and Phone _____

Tee Shirt Size S M L XL XXL (No Charge)

Plan to attend party at Boondock’s _____ (No Charge for entrant, \$10 for additional guests)

Payment: Member ___ \$40 Non-Member ___ \$80

(Fees cover overhead costs, trainer fees and administration of the contest)

Name: _____

Week	Measured by	Weight/Height _____	Body Fat %	Blood Pressure	Heart Rate	Comment
Initial Weigh-in						
Week 2						
Week 3						
Week 4						
Week 5						
Week 6						
Week 7						
Week 8						

Team Membership _____ Beat the Big Guy - Walt _____

Total Weight Loss _____ Total Change in Fat % _____

Contest Results and Comments

RELEASE OF LIABILITY

I understand the risks associated with participating in any weight loss program, class or exercise program that Pirate Wellness Center offers which includes, but is not limited to physical injury resulting from the acts, omissions, and/or negligence of others. I also fully understand the importance and relevance of all risks, and expressly and voluntarily assumes any and all risks associated with participation in the activities under this agreement, including but not limited to the activities of weight training; circuit training; cardiovascular exercise and training; use of machinery; training equipment; free weights; stretching; weight lifting and any other training activities, techniques and/or exercises. Further, I expressly and voluntarily assume any and all risk associated with participation in the activities under this agreement including but not limited to the risks of dizziness, strains and/or sprains, fractures of any kind, fainting, alteration in heart rhythm, shortness of breath, chest pains, rapid heart rate, heart attack, stroke, and or any other physical injury, due to any cause what so ever. I agree not to hold liable Pirate Wellness Center, any of its program sponsors, agents or employees for any physical or mental injuries.

I also agree that I am not under any doctor's orders that would preclude me from entering the Biggest Winners contest.

By signing this release of liability, I understand and agree with the information above.

Signature: _____ Date: _____