



PARTICIPANT REGISTRATION FORM
SPRING 2014

Fees: The cost to participate is \$75. Each participant must pay \$50 upon registration, then \$5 per week at weigh-ins until paid in full. You may also pre-pay the full \$75 up front.

Weekly Weigh-Ins: Weigh-ins are Mondays from 10am-1pm and 5pm-7:30pm at Ohana Wellness Center, beginning with the initial weigh-in on Monday, Feb. 17, 2014.

30-minute DWLC Orientation: To help participants get the most out of the Challenge, we offer a 30-minute DWLC Orientation. Stay tuned for dates and times.

SPACE IS LIMITED, so register today! To register, complete this form and return it to Ohana Wellness Center in person at 441 E. Carson St., Suite L, Carson 90745, by email at DWLC@OhanaUSA.com, or by fax to 310-830-1786. The deadline to register is Monday, Feb. 10, 2014.

PLEASE FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

First Name _____ Last Name _____
Phone _____ Email _____
Address _____ City _____ Zip Code _____
Date of Birth (MM/DD/YYYY) _____ Age (participants must be age 14 or over) _____ Gender: [] Male [] Female
Team Name _____ [] I do not have a team; please help me find one.

REGISTRATION PAYMENT INFORMATION

- [] Cash [] Check (Make payable to Ohana Family Foundation, Check # _____) [] Credit Card (Visa, MasterCard, American Express, Discover) Complete Credit Card Payment Authorization Form and return with Registration Form

Ohana FIT LIFE Services: To supplement the classes offered through DWLC, Ohana Wellness Center also offers Ohana FIT LIFE services that provide weight loss support, such as individual counseling, chiropractic care and acupuncture. These services are covered by most PPO insurance. For free insurance verification, please tell us whether your insurance is [] HMO or [] PPO

In signing this form for myself:

- I confirm that I have read and understand the DWLC General Rules and Prize Rules on page 5 of this form.
I understand that I must weigh in at least 7 of 10 weigh-ins to be eligible for prize money.
I understand that strenuous exercise and dietary changes may be hazardous and that I am encouraged to consult my physician before taking part in the program's exercise routines.
I understand that there is a 6% weight-loss credit cap per week (see General Rules).
I understand that in no way does DWLC guarantee weight loss; it is a program that can help me lose weight.
I understand that I must pay all of the fees associated with DWLC to be eligible for prizes.
I understand that the final results will be based on my last paid up weight and those of my teammates.
I release and hold harmless DWLC Entities, Ohana Family Foundation, Ohana Wellness Center and all its affiliates and their respective officers, directors, employees and sponsors (collectively, "Released Parties") from any liability, illness, injury, death, loss litigation or damage that may occur, directly or indirectly, whether caused by negligence or not, from my participation in DWLC and my acceptance, possession, use or misuse of a Prize or any portion thereof.
I indemnify Released Parties from all liability resulting or arising from DWLC and acknowledge that Released Parties have neither made nor are in any manner responsible or liable for any warranty, representation or guarantee, express or implied in fact or in law.
I allow for the use by Released Parties of my voice, image and/or likeness for all promotional purposes in any and all media now and in the future, worldwide without additional compensation, notification, permission or approval.
I understand that the use of Ohana Wellness Center gym and equipment is limited to those under a current, prescribed exercise plan.

Signature (Parent or Guardian, if Participant is a Minor) _____ Date _____

Office Use: Form rec'd (time/date): _____ by: _____ Waiver rec'd: _____ Ins. Verified by: _____
Fee rec'd (date) _____ by: _____ Amount: _____ [] Cash [] Check [] Credit Card



DEMOGRAPHICS QUESTIONNAIRE

Thank you for completing this voluntary questionnaire. The information you provide assists us in obtaining grant funding to help offset the operating costs of Doc's Weight Loss Challenge. Your information will be used only to generate general reporting statistics.

Name _____

Date of Birth (MM/DD/YYYY) _____

Age _____

What is your race or ethnicity? Mark all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Chamorro or Guamanian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Pacific Islander: _____ | <input type="checkbox"/> Other Asian: _____ |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Latino/Hispanic: _____ | <input type="checkbox"/> Other Race: _____ |

If you are age 18 or over, please answer the following two questions:

What is your current insurance status?

- Uninsured
- Medicaid
- Medicare
- HMO
- PPO

What is the total annual income of your household?

- Under \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- Over \$70,000

Thank you!



DOC'S WEIGHT LOSS CHALLENGE PROGRAM
WORKOUT WITH GERDY, FIT LIFE WORKOUTS,
SOUTH BAY PAVILION MALL WALKERS,
AND DR. FARID ZARIF
RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, ("Participant"), or parent/ guardian of Participant acknowledge that I have voluntarily requested or give permission to participate in the following activities at Doc's Weight Loss Challenge ("DWLC") Program:

Gertrude Sale/ Indigenous Alliance: Workout Classes may include but not limited to aerobics, kick boxing, dancing, Zumba, Hot Hula Fitness, Hot Fusion, etc.

Ohana Wellness Center Workouts: Workout Classes may include but not limited to Mike's Boot Camp, aerobics, kick boxing, dancing, Zumba, personal training, etc.

Lisa Mausia/Kaia F.I.T.: Circuit Training

Marcello Cavalcanti/Marcello Cavalcanti Brazilian Jiu-Jitsu: Cardio Kickboxing

Dr. Farid Zarif: Nutrition Workshops

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

As consideration for being permitted by Doc's Weight Loss Challenge Program at Ohana Wellness Center, LLC, Ohana Medical Management Corp. and Ohana Management Corp. ("Ohana"), Ohana Family Foundation ("Foundation"), and its affiliates, Dr. Kurene Mao, A PC ("Dr. Mao"), Dr. Farid Zarif ("Dr. Zarif"), Gertrude Sale and Indigenous Alliance ("Sale"), Beverly Penesa ("Penesa"), Nancy Thompson ("Thompson"), Michael McClure ("McClure"), Lisa Mausia ("Mausia"), Kaia FIT ("Kaia"), Marcelo Cavalcanti Brazilian Jiu-Jitsu ("Cavalcanti"), contracted facilities, Carson High School and Los Angeles Unified School District ("School"), Samoan Congregational Christian Church of South Los Angeles United Church of Christ ("Church"), and any lessor of the premises ("Lessor"), to participate in these activities and use the DWLC premises and facilities and their contracted facilities, I forever release Ohana, Foundation, Dr. Mao, Dr. Zarif, Church, Sale, Penesa, Thompson, McClure, Mausia, Kaia, Cavalcanti, School, the Lessor, any affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, sponsors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND DWLC, OHANA, FOUNDATION, DR. MAO, DR. ZARIF, CHURCH, SALE, PENESA, THOMPSON, MCCLURE, MAUSIA, KAIA, CAVALCANTI, SCHOOL, THE STATE, THE COUNTY, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

Executed at Carson, California on _____, 2014.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Address: _____

Address: _____

DOC'S WEIGHT LOSS CHALLENGE GENERAL RULES

1. Participants must be age 14 (with parent consent) or older with a BMI of 26% or higher. ALWAYS CONSULT YOUR HEALTH CARE PROFESSIONAL BEFORE MAKING ANY SIGNIFICANT CHANGES TO YOUR DIETARY HABITS OR YOUR PHYSICAL ACTIVITY ROUTINES.
2. No refunds, for any reason.
3. For health reasons, participants will receive credit for a maximum weight loss of 6% of their body weight per week. If the scale reads more than 6% of loss, we will record only the 6% for your loss. If you miss a week, we will record a loss of only up to 12% of your body weight (6% per week).
4. Weigh-ins are private and confidential. We will publicly share the percentages of weight loss of only the top Teams and Individuals. Results for the final three weigh-ins will not be posted publicly.
5. All participants will weigh in every Monday during the contest at Ohana Wellness Center. There are no alternative weigh-in locations, days or times during the contest.
6. Participants must weigh in at least 7 of the 10 weigh-ins to be eligible for prizes.
7. To be eligible for weekly incentive prizes, participants must have weighed in the week prior to the awarding.
8. Participants should attend the initial weigh-in.
9. Participants must conduct their first weigh-in no later than the Week 2 weigh-in. LATE REGISTRANTS MUST PAY IN FULL (\$75) UP FRONT.
10. If you miss a weigh-in, at the next weigh-in, you must pay for your missed week and the current week.
11. Weigh-ins may take place with or without other teammates.
12. No disrobing or loading up allowed during weigh-ins. Remove heavy watches, belts, wallets, etc., before stepping on the scale. T-shirts and shorts are recommended for weigh-ins. No shoes during weigh-ins, except for medical reasons.
13. No weight-loss surgeries within the two weeks prior to the start of the contest or during the contest.
14. We will add participants' email address to our distribution list to communicate about DWLC. You must check your email regularly for DWLC updates.
15. We will share only your teammates' names and email addresses with all of your teammates.
16. Use of Ohana Wellness Center gym equipment is limited to current Ohana physical therapy patients.

PRIZE RULES

1. Grand Prizes will be presented to the top finishers in each of the three categories as follows:
 - a. Top man: \$1,000 in cash
 - b. Top woman: \$1,000 in cash
 - c. Top four-person team: \$450 in cash per person
2. The Top Ten finishers in the Team, Individual Man and Individual Woman categories will receive a prize in cash, products, or services, for a total of over \$10,000 in cash and prizes. Number of winners and cash amounts to be determined in the final weeks of the contest.
3. Prizes of products or services are not transferrable and may not be redeemed for cash.
4. Cash prize amounts will be calculated based on the total fees collected into the jackpot over the course of the contest.
5. The final result for an *eligible* Individual is calculated using the participant's Initial Weigh-In and last paid-up weight to determine the overall weight-loss percentage.
6. Winning Teams are determined by the *sum* of the four teammates' weight-loss percentages (initial weigh-in to final weigh-in). If a teammate is disqualified for any reason, that teammate's weight-loss percentage is recorded as zero.
7. Prizes will be given to only the teammates on a Team who are still active and paid-up in the contest as of the final weigh-in. Any winning Team's teammates who are not active and paid-up in the contest on the last weigh-in date (4/28/14) by 8 p.m. will forfeit their share of the prize. Forfeited prizes will remain with Ohana Family Foundation, a 501(c)(3) charitable organization.
8. Winners are solely responsible for applicable taxes, fees, and duties. All federal, state, and local taxes apply. Prizes of \$600 or more are reported to the Internal Revenue Service as additional income received. Winners will be required to complete a form W-9 to claim prizes.
9. It is possible to win a team prize and an individual prize.
10. In the event of a tie, the prize will be split equally.
11. These rules and guidelines may be updated and/or changed, as necessary, by DWLC organizers.



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Ohana Management Corp. to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Ohana Management Corp.
(full name)

to charge my credit card account indicated below for \$ _____.
(amount)

This payment is for _____.
(description of goods/services)

Billing Address _____

City _____ State _____ Zip _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize Ohana Management Corp. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.