

**WXII 12**



# **Transformation Nation Triad Program Application**





January 28, 2012

Dear Participant,

On behalf of the staff of WXII 12, we are excited to have you participating in Transformation Nation Triad. This is going to be an exciting time for our station, the YMCA, and you. Living a healthy lifestyle has so many benefits and as you progress through the program, we hope you take the time to reflect on how living a healthy lifestyle will change other areas of your life. WXII 12 is proud to partner with the YMCA to make Transformation Nation Triad possible. During Transformation Nation Triad, you'll be given access to the YMCA's top notch facilities, be placed with a group and work with a YMCA Team Leader on a weekly basis to help you meet weight loss goals, learn how to eat healthier, and gain a better understanding of the importance of fitness in your life.

The WXII 12 Morning Team has been doing a Weight Loss Challenge since last May and this is the next step. While it was impressive that Austin and Mary Beth, together have lost 180 pounds thus far, we felt we could do more to get the Triad involved and that's when Transformation Nation Triad was born. Beginning in February, we'll be taking the Wednesday Weigh In on the road each week, visiting every participating YMCA branch before Transformation Nation Triad concludes. Your leader will have the dates we're visiting your branch and we encourage you to come support your team during our live broadcast in the WXII 12 Morning News. Each branch will be doing weekly weigh-ins and we will announce those results live during the Weigh In. We look forward to seeing you as we come around to all the participating YMCA branches.

We also encourage you to join "Dr. Oz's Transformation Nation: Million Dollar You." Go to [doctoroz.sharecare.com](http://doctoroz.sharecare.com) and register. Follow all the steps and you'll be eligible to win one million dollars. You will have to complete all aspect of "Dr Oz's Transformation Nation: Million Dollar You" on your own outside of what we are doing with the local YMCA's. Complete rules and details are online for at [doctoroz.sharecare.com](http://doctoroz.sharecare.com).

Thanks again for joining Transformation Nation Triad. We hope your weight loss journey is a successful one.

Hank Price  
President and General Manager, WXII 12



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Dear Transformation Nation Triad Participant,

Congratulations on your decision to begin your wellness journey. Making a choice to live healthier is an important step in making you, your family, and our community stronger. We, at the YMCAs across the Triad, are grateful for the opportunity to help you succeed in reaching your wellness goals.

We hope you're excited to embark on this journey, but you may also be feeling a little nervous. We want you to know our caring, supportive staff will be there for you each step of the way and you will meet people from all walks of life, all with a common goal to become the best version of themselves.

At the Y, we believe lasting personal and social change is created when we work side by side with our neighbors with a shared commitment to a common cause. At the Y, strengthening the community is our cause.

You've already taken the first step toward prioritizing your health. The Y will provide the tools, support, and belief from someone else that you can do it. We give hope through knowledge of healthier habits and lifestyle choices. The Y also brings people closer together and fosters connections through fitness, sports, fun and shared interests.

Transformation Nation Triad aligns closely with our mission as a cause-driven nonprofit and we'd like to thank WXII 12 and our community partners for helping make this free program possible. We're thrilled to open our doors to you for the next 16 weeks and beyond.

If there is ever anything the Y can do to help you reach your goals, don't hesitate to let us know. We wish you all the best and look forward to celebrating your success!

In Spirit, Mind & Body,

Curt Hazelbaker, YMCA of Northwest North Carolina  
Greg Jones, YMCA of Greensboro  
Ron Austin, YMCA of Greater High Point  
Tommy Hodges, Thomas A. Finch Community YMCA  
Gene Klump, J. Smith Young YMCA  
Walter Britt, Alamance County Community YMCA



# Transformation Nation Triad Program Enrollment Application

(Must Be 18 years or older)



## BACKGROUND INFORMATION

Date: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Ethnicity: (Please circle one)

African American    Native American    Caucasian    Hispanic    Other    Prefer Not to Answer

Sex (Please circle one) Male    Female    T-Shirt Size (all sizes will be sex specific): \_\_\_\_\_

Do you have any health/fitness issues we need to be aware of? \_\_\_\_\_

If your program is during ChildWatch hours will you utilize this benefit? \_\_\_\_\_ Child Age? \_\_\_\_\_

## PARTICIPANT AGREEMENT

1. I understand that this is a program I am willingly enrolling in at the YMCA as part of WXII 12's "Transformation Nation Triad".
2. I understand that I am only allowed to use YMCA facilities during the designated times as assigned by my Weight Loss group leader.
3. I understand that after the "Transformation Nation Triad" program is completed, in order to continue using YMCA facilities, I will have to become a member/program participant of the YMCA.
4. I understand that if I want to go to the YMCA during "Transformation Nation Triad" outside of my regular allotted times, I can sign up as a member to use YMCA facilities whenever I wish.

I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

## RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

See Back of Form for "RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT".

I HAVE READ THIS RELEASE AND AGREE TO THE TERMS.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

-----  
For YMCA Office Use:

BRANCH: \_\_\_\_\_ PROGRAM TIME: \_\_\_\_\_ DATE/TIME RECIEVED: \_\_\_\_\_

**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA and their partner WXII 12 Digital Media (hereafter "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation. The YMCA prohibits membership by persons required to register in the North Carolina Sex Offender and Public Protection Registry. All still and video photography taken by YMCA staff or agents for the expressed purpose of marketing the YMCA, its programs, or membership is property of the YMCA. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, it's directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
- 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE**

**I HAVE READ THIS RELEASE**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Participant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Parent's or Guardian's Signature  
(if participant is legally a minor)

**RELEASE from INDEMNITY - FITNESS and EXERCISE ORIENTATION**

I have been offered and urged to attend an equipment orientation at the YMCA before using any equipment or beginning any exercise. I have been urged to consult with my physician for a physical to determine any health risks associated with my exercising.

I desire to voluntarily waive an equipment orientation at the YMCA and to waive any explanations concerning the risks of use of the equipment or of my exercising. I understand that the exercise will place an increasing workload on my cardiorespiratory and musculoskeletal systems and there is a risk of physical changes during or following my exercise. I understand that failure to use the equipment properly may result in injury, illness, or medical problems including but not limited to fractured or broken bones, strained or torn muscles, tendons, or ligaments, dizziness, feeling light-headed or becoming faint, stroke, heart attack, joint problems, or other physical problems.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the fitness instructor, another YMCA professional staff member, or the Welcome Center attendant.

I certify that I have no physical condition which would prevent me from safely engaging in an exercise program and agree to abide by all the rules and regulations of the YMCA.

In consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise and inherent dangers from exercise and use of the equipment. I hereby release the YMCA and its staff members from any and all claims, suits, losses, or related causes of action for damages related to my exercise program and hold them harmless from anything arising therefrom.

In signing this release and consent form, I affirm that I am legally capable of so acting, that I have read this form in its entirety, that I understand the nature of the exercise program, and that I do not want further information. All the questions I have concerning the exercise program or the equipment have been answered to my satisfaction.

\_\_\_\_\_  
Printed Name of participant

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of YMCA Witness Date

\_\_\_\_/\_\_\_\_/\_\_\_\_