

**INFORMED CONSENT AND RELEASE OF LIABILITY
CU ON THE SCALE WEIGHT LOSS PROGRAM**

I _____ desire to voluntarily participate in the CU on the Scale Weight Loss Competition at the Creighton University Department of Exercise Science & Pre-Health Professions Exercise Testing and Training Laboratory. I have read and understand the contest rules.

I understand that since I have voluntarily entered this competition, I can withdraw at any time. I consent to release my name, my team name and the weight loss results that have occurred throughout the competition with the lab staff.

I also understand that the Creighton University Department of Exercise Science and Pre-Health Professions are not responsible for any techniques or methods I choose to use for weight loss throughout this program. While adverse side effects when trying to lose weight are not expected, I understand I should discuss my weight loss plan with my physician.

Signature of Client

Date Signed

Signature of Guardian (if client is under 19)

Date Signed

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