Application

Titan Fitness Challenge for Students

Application Process
Contestants apply by completing the attached application and including a copy of their spring class schedule. Applicants must be at least 18 years old. Submit completed application to Titan Student Union, Room 269, by January 22, 2015, by noon. Finalists will be contacted for an interview during the week of January 26-30, 2015.

Overview Statement
The Titan Fitness Challenge is a joint program developed to encourage students to get healthy and fit through a competition. The program aims to bring in the campus community as observers to this on-campus “reality show.” Past contestants are not eligible for the 2015 Titan Fitness Challenge competition. The competition consists of 24 contestants over a period of 10 weeks in the spring semester. Contestants compete in the following five dimensions: weight loss percentage, circumference measurements, strength, flexibility, and number of track laps ran in 12 minutes.

Prizes
Prizes are awarded on a weekly basis for weigh-ins. At the end of the contest, prizes will be awarded to the top competitor in each dimension. An overall winner, based on weight loss percentage and circumference measurements, will receive a Jawbone Up and Ninja Blender.

In order to achieve results, contestants participate in the following components:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Pre-participation Physical</strong></td>
<td>Student will complete a physical at the Student Health Center. You must pass this physical examination to be eligible to participate in the Titan Fitness Challenge.</td>
</tr>
<tr>
<td>Tuesday, February 17 7-10 am</td>
<td><strong>Titan Fitness Challenge Orientation</strong></td>
<td>Must attend one of the orientations.</td>
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<tr>
<td>Wednesday, February 18 7-10 pm</td>
<td><strong>Personal Training</strong></td>
<td>Contestants must be available for one of the training blocks for the duration of the 10 week competition.</td>
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**Workshops**

Contestants will attend workshop A or B.

**Nutrition Workshops:**
Contestants will attend three nutritional workshops. These workshops will be reviewing guidelines for a balanced plate, discussing hot topics in nutrition and learning to prepare a balanced plate.

**Mind/Body Workshops:**
There will be three 1½ hour interactive sessions that address eating and body image issues related to weight loss.

<table>
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<tr>
<th>Week 1 - Nutrition Workshop I:</th>
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<tbody>
<tr>
<td>A. Tuesday, February 24, 4:30-6 pm</td>
<td></td>
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<tr>
<td>B. Wednesday, February 25, 10:30-12:00 pm</td>
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**Week 2 - Individual Nutrition Consultation:**
45 minute sessions
Date/time will be selected at Orientation

**Week 3 - Mind/Body Workshop I:**
A. Tuesday, March 10, 4:30-6 pm
B. Wednesday, March 11, 10:30-12 pm

**Week 5 - Nutrition Workshop II:**
A. Tuesday, March 24, 4:30-6 pm
B. Wednesday, March 25, 10:30-12 pm

**Week 7 - Mind/Body Workshop II:**
A. Tuesday April 7, 4:30-6 pm
B. Wednesday, April 8, 10:30-12 pm

**Week 8 - Nutrition Workshop III:**
A. Tuesday April 14, 4:30-6 pm
B. Wednesday, April 15, 10:30-12 pm

**Week 9 - Mind/Body Workshop III:**
A. Tuesday, April 21, 4:30-6 pm
B. Wednesday, April 22, 10:30-12 pm

**April 27-May 2**

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<tr>
<th></th>
<th>Post-participation Physical</th>
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<tr>
<td></td>
<td>Student will complete a physical at the Student Health Center.</td>
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</table>
Name: ________________________________
Address: ________________________________
Phone Number: ________________________________
Email: ________________________________
CWID: __________________ T-Shirt Size: __________________

Emergency Contact Name: ________________________________
Emergency Contact Phone Number: ________________________________

Please answer the following questions:
1. What do you hope to gain from participation in the Titan Fitness Challenge program? What are your fitness goals? ____________________________________________________________________________________________________________________________________________

2. How do you plan on adhering to the 10 week program?
   a. Personal training schedule
   b. Nutritional guidelines
__________________________________________________________________________________________________________________________________________

3. How do you stay motivated? ________________________________________________________________________________________________
   ____________________________________________________________________________________________________________________________________________

4. Please provide your current height _______ and current weight _______

Using the scale provided, please answer the following questions

5. How often do you weigh yourself and find yourself obsessed with the number on the scale?
   Very Frequently  6  5  4  3  2  1
   Frequently       6  5  4  3  2  1
   Occasionally     6  5  4  3  2  1
   Rarely          6  5  4  3  2  1
   Very Rarely       6  5  4  3  2  1
   Never         6  5  4  3  2  1

6. How often do you feel out of control when you are eating?
   Very Frequently  6  5  4  3  2  1
   Frequently       6  5  4  3  2  1
   Occasionally     6  5  4  3  2  1
   Rarely          6  5  4  3  2  1
   Very Rarely       6  5  4  3  2  1
   Never         6  5  4  3  2  1

7. How often do you worry about the weight, shape, or size of your body?
   Very Frequently  6  5  4  3  2  1
   Frequently       6  5  4  3  2  1
   Occasionally     6  5  4  3  2  1
   Rarely          6  5  4  3  2  1
   Very Rarely       6  5  4  3  2  1
   Never         6  5  4  3  2  1

8. How often do you feel like your identity and value is based on how you look or how much you weigh?
   Very Frequently  6  5  4  3  2  1
   Frequently       6  5  4  3  2  1
   Occasionally     6  5  4  3  2  1
   Rarely          6  5  4  3  2  1
   Very Rarely       6  5  4  3  2  1
   Never         6  5  4  3  2  1

9. Do your eating patterns include extreme dieting, preferences for certain foods, withdrawn or ritualized behavior at mealtime or secretive bingeing?
   Yes   No

10. Do you have a history of body image and/or eating related issues?
    Yes   No

11. Do you consider yourself: Ideal Weight Underweight Overweight

12. Other information you want to share? ____________________________________________________

13. RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Titan Fitness Challenge

Activity Date(s) and Time(s): DATE AND DATE

Activity Location(s): University Campus, Student Recreation Center, Student Health and Counseling Center, Titan Student Union

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the Associated Students, CSUF, Inc.; State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively “ASI and University”) from any and all claims, including claims of the ASI and University’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity.

I agree to hold the ASI and University harmless from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in this Activity. If the ASI and University incur any of these types of expenses, I agree to reimburse the ASI and University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the ASI and University from all liability, (b) promising not to sue the ASI and University, (c) and assuming all risks of participating in this Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: ________________________________

Participant Name (print): ___________________________  Date: ___________________________
14. Photo & Image Release

I hereby grant to Associated Students, CSUF, Inc. (ASI) the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, websites, video-recordings, editorial or any pictures ASI had taken of me or in which I may be included with others, to copyright the same; to re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any other purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever with restriction as to alteration; from time to time, or reproductions thereof in color, black and white or otherwise made through any media. I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. I hereby release, discharge and agree to save harmless ASI, its legal representatives or assigns and all persons acting under its permission or authority, from any liability in connection with the use of the photographs as aforesaid or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof. I understand that the photographs taken by ASI will be included into stock files. I agree that the photographs, the transparencies thereof and the rights to copyright the same, shall be the sole property of ASI, with full right of lawful disposition in any manner. I hereby grant permission to ASI to photograph the ASI participant during activities to use the photographs in ASI audio-visual and printed materials without compensation or approval rights.

Participant Signature: _______________________________________________________

Participant Name (print): ________________________________________ Date: __________