Top Loser
Consent Form

The Top Loser program has been developed to promote healthy weight loss through competition. The duration of the program is 12 weeks, with monthly weigh-ins where your weight will be recorded. No one but the administrators of the Top Loser program (Blue Shield of California and Hill Physicians Medical Group) will have access to your individual weight information. However, your final weight loss information will be used to calculate total weight loss for the agency.

Participation in the Top Loser program is strictly voluntary. You can refuse to participate in activities with which you are not comfortable, or stop your participation in the program at any time. However, should you decide to stop participating in the program, your $10 enrollment fee will not be refunded.

I voluntarily consent to participate. I know that I may refuse to participate or stop my participation in the program at any time. By registering for this program, I release and hold harmless all parties involved in the Top Loser program – Blue Shield of California and Hill Physicians Medical Group – from any and all liability or any injuries, loss, or damage of any kind arising from participation in the Top Loser program.

Participant name (print)

Participant signature

Date

An Independent Member of the Blue Shield Association A42511 (12/10)