

9 Week Transformation Challenge

January 25 – March 8, 2021

Open to Pawnee Community

\$20 Entry Fee – limited spots available

Goal: To improve the quality of life for all participants through creating a healthier lifestyle and understanding of diet and exercise.

1 picture will be taken every 3 weeks starting on the 1st consultation day- January 25th. Pictures should be taken in the same outfit to help determine winner. Winners will be chosen by the Pawnee Nation Wellness Program.

Top 6 (3 male, 3 female) transformations will win cash & other prizes!

*weight, waist/hip measurements, blood pressure, blood sugar, & BMI will be taken each picture, but will be used only as a tool of measurement not to determine winners.

The following will be provided:

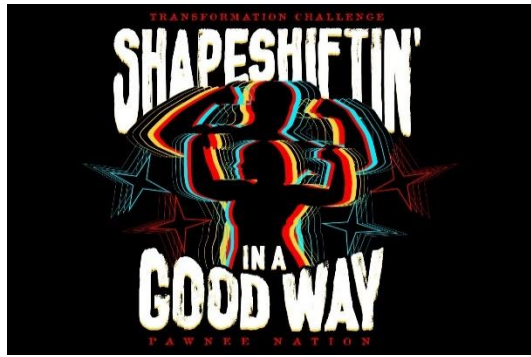
- Health & Fitness consultation w/ goal setting.
- Exercise programming and weekly adjustments.
- Macronutrient education.
- 5 free & optional fitness classes a week (30 mins each).
- 4 free one-on-one training sessions per month.
- Positive support and accountability group.
- Gym membership fees paid during challenge.

Sponsored by Pawnee Nation Wellness Program & Massters of Gravity

For more info contact: mclark@pawneenation.org or cg1030@pawneenation.org 918.762.3873 x4



★ MASSTERS OF GRAVITY ★



Informed Consent Form

The undersigned hereby gives informed consent for participant to engage in a 9 Week Transformation Challenge called, Shape Shiftin' "In A Good Way". There exists the possibility that certain detrimental physiological changes may occur during exercise. These changes could include (but not limited to) muscle injury and soreness, abnormal heartbeats, abnormal blood pressure and in extremely rare instances, a heart attack and even death.

The undersigned also hereby gives informed consent for the Pawnee Nation Diabetes Program and certified trainer to take body measurements, blood sugar, blood pressure, and weight of participant for grant reporting purposes.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical information. Furthermore, as the participant, it is my responsibility to monitor my individual health and fitness performance.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility. I am also fully aware that the Pawnee Nation Diabetes Program and instructor are certified in first aid. The Pawnee Nation and instructor will not be held liable for any injury or death resulting from participation in any physical fitness program.

PARTICIPANT'S NAME: _____ **D.O.B.** _____

SHIRT SIZE: _____

PREFERRED METHOD OF CONTACT:

PHONE: _____ **EMAIL:** _____

Photograph & Media Consent

____ I give permission to be photographed during the Transformation Challenge. I acknowledge that the photos may be used in various formats for the newsletter, website, and/or media associated with the Pawnee Nation of Oklahoma or Massters of Gravity.

____ I do not give permission for my photos to be used in various formats associated with the Pawnee Nation of Oklahoma or Massters of Gravity.

Participant's Signature

Date

Certified Instructor

Date

Diabetes Program Staff

Date