



2012 Healthy at H-E-B Slim Down Showdown Application Form

If chosen to be a contestant in the Healthy at H-E-B Slim Down Showdown, do you agree to consult a physician at your own expense and receive clearance to participate prior to contest start?

Yes ___ No ___

Do you agree to participate in health screenings initially, during the contest and at the end of the contest?

Yes ___ No ___

If chosen to be a contestant in the Healthy at H-E-B Slim Down Showdown, are there any persons or part of your life that you would prefer not to share on camera (i.e.; social organizations, activities, family, friends, etc.)? If 'yes', please describe:

Yes ___ No ___

Have you ever participated in a supervised weight loss or wellness program?

Yes ___ No ___

Were you successful?

Yes ___ No ___

Why or why not?

Have you tried any specific diets in the past?

Yes ___ No ___

If so, which ones and when did you try them?



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What were the results?

What is your biggest barrier in making a “healthy” change?

How do you think the Slim Down Showdown challenge will help you?

Do you think you are ready to make a lifestyle change now? If ‘yes’, please describe why.

Yes _____ No _____

What kind of support system do you have in place to help you with your journey?

If you win (either the Grand Prize or the Fan Favorite Prize), what would you do with the cash winnings?



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Did you include photograph(s) of yourself? Yes____ No____

Did you include a video? Yes____ No____

Have you read, and do you agree to comply with, the Official Rules? Yes____ No____

By signing below, you acknowledge that all information disclosed in this application is accurate to the best of your knowledge.

Signature of applicant is required for consideration.

Printed Name of Applicant

Signature of Applicant

Date

Please mail your completed application along with photograph(s) and video to:

H-E-B

Attn: Healthy at H-E-B Slim Down Showdown Contest

646 South Main Avenue

North Building – 1st Floor

San Antonio, Texas 78204

CHECKLIST

- Completed Application (required)
- One (1) Photograph (required)
- One (1) Video (required)

This contest is not a substitute for the sound medical advice of your doctor. If you have any questions or concerns regarding your medical condition or your ability to participate in this contest, you should discuss them with your doctor.