

# **TRANSITIONS LIFESTYLE SYSTEM™ WEIGHT MANAGEMENT PROGRAM CONSENT AND WAIVER FORM**

## **INTRODUCTION**

Approximately 60% of Americans are overweight. These statistics continue to rise. A recent study compared various well-known weight loss programs and found that at the end of one year the average weight loss was approximately 10 pounds. In addition, the dropout rate in this study was approximately 35%. The purpose of the Transitions Lifestyle System Weight Management Program is to provide a lifestyle intervention of low glycemic index eating, exercise, nutritional supplementation, stress reduction/relaxation exercises, menu plan and a Daily Journal to empower participants to achieve their weight loss goals.

## **DESIGN**

The program will be conducted over a 12-week period (12 sessions). Each week participants will attend a weekly educational meeting. During each meeting various topics will be covered such as understanding the low glycemic index, the benefits of exercise, the benefits of stress reduction and the benefits of a healthy lifestyle. During Session One you will be given the Daily Journal and the components of the Transitions Lifestyle System will be explained to you, including low glycemic index food choices, meals plans, how to take the nutritional supplements, exercise choices, and how to fill in the Daily Journal to keep track of your food, exercise and lifestyle.

During Session One you will be weighed and measured with a tape measure. If you are a woman, measurements will be taken of your waist and hips. If you are a man, measurements will be taken of your chest and waist. Body fat percentage measurements will be recorded as well. Measurements will be repeated at Session 4, Session 8 and at Session 12.

Use of any dietary supplement may produce some rare and mild side effects that may include: gas, loose stools and bloating. If you experience any of these effects please report them to your customer manager.

## **EXCLUSION CRITERIA**

If you are under the care of a physician for a medical condition or taking prescription drugs, you must clear your participation in the program with your personal physician. Are you under the care of a physician or taking prescription medication? \_\_\_yes \_\_\_no, If you answered "yes" complete physician clearance.

## **CONFIDENTIALITY**

The information gained from this program may be presented at scientific conferences or published in medical journals. Your name and likeness will not be used unless you authorize Market America to use your information and you sign a release form.

## **VOLUNTARY PARTICIPATION**

I am voluntarily participating in the Transitions Lifestyle System Weight Management Program. I reserve the right to refuse to participate in this program or withdraw at any time.

