



Real health experts.



Real food.



Real life instruction.

REAL RESULTS

COMPLETE 90

Complete 90 is a 90 day nutrition and fitness program *tailored to fit you.*

Madison Regional Health System and Madison Community Center have created an individualized weight-loss plan with a team of nutrition and fitness experts.

THE PROGRAM

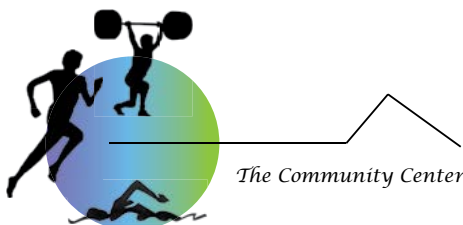
You will meet with a MRHS registered dietitian *6 times* and a Community Center personal trainer *6 times* to come up with a 90 day, personalized plan that fits your life.

THE GOAL

If you lose 5% body weight during the Complete 90 program, you will be given *2 free sessions* with both your trainer and your dietitian plus a \$50 Community Center Gift Certificate!

Invest in your health and wellness with a program that is made *with you, for you.*

Cost for Complete 90 is \$250. Contact Derek Lund at 605-256-7546 or derek.lund@dsu.edu, or Jordan Eichacker at 605-256-8684 or jordan.eichacker@madisonhospital.com for more information or to sign-up!



COMPLETE 90

Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

I am a Madison Regional Health System employee. (25% discount - \$187.50)

My employer is a corporate member of the Community Center. (15% discount - \$212.50)

If yes, please check your employer:

City of Madison

Manitou-Gehl

First Bank & Trust

Assist Financial

Pathway

East River Electric

East River FCU

Great Western Bank

DSU

Prostrollo

Heritage Senior Living

Please complete and return to either Madison Regional Health System or Community Center front desks or email to jordan.eichacker@madisonhospital.com or derek.lund@dsu.edu.

By enrolling in the Complete 90 program, I recognize that only the information I provide to the Complete 90 dietitian or trainer will be shared between the two parties. No other health records or information will be released.

I have enrolled in a program of strenuous physical activity including but not limited to aerobic dance, weight training, stationary bicycling and various aerobic conditioning machinery offered by The Community Center. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation. In consideration of my participation, I, my heirs, executors, administrators and assigns, hereby release and forever discharge The Community Center from any liability, causes or cause of action, suits, damages or judgments arising now or in the future including, but not limited to heart attacks, muscle and/or joint strains and sprains, pulls or tears, broken bones, shin splits, heat prostration, knee/lower back/foot injuries and any other illness, soreness or injury however caused, occurring during or after my participation in the training program.

Participant Signature _____

Date _____

Office Use Only:

Fee collected by _____ MRHS _____ CC on _____ Date _____