

Share your Success

Surname:

Gold Member: Yes ____ No ____

First name:

Height:

Address:

Start weight:

Town:

Start date:

County:

Goal Weight:

Postcode:

Date Goal Weight achieved:

Date of birth:

Present weight:

Age:

Total weight loss:

Sex:

Time period of weight loss (weeks):

Occupation:

Clothes size at start:

Daytime tel no:

Clothes size at Goal:

Mobile tel no:

Evening tel no:

E-mail address:

Marital status:

Why did you decide to lose weight?

Why did you decide to use Weight Watchers Online in your efforts to lose weight?

Have you been a Weight Watchers Online subscriber for the full period of your weight loss?

Have you regularly weighed yourself and at the same time whilst losing weight regularly recorded (at least every 2 weeks) your weight loss in the Weight Tracker Tool?

Have you fulfilled any ambitions whilst/since losing weight?

Can you tell us if your life has changed in any way?

Can you tell us what other people's reactions have been?

Where there any specific habits you changed/got into that helped you lose weight?

Did you lose weight with a friend, relative or colleague and have they reached their Goal Weight?

Have you used any other weight loss product/service in achieving your Goal Weight and if applicable since achieving your Goal Weight?

Have you tried any other ways of losing weight in the past?

If there's any other information you would like to add, please set out below:

Please attach your before and after photos

The after photograph should preferably be full length. Please print your name on the back of each photo and attach to this form. Please use a method that will allow us to remove the photos without damaging them, i.e. sellotape or spray mount.

Please note it is vital that you include both photographs with your success story form and we are very sorry but we cannot return your photographs.

CONSENT AND AUTHORISATION FORM

Please sign the form below where indicated to signify your consent and authorisation to the following: -

1. I am a resident of Australia or New Zealand, at least 18 years of age and I am capable of providing legal consent.
2. I would like to participate in Weight Watchers Online Success Stories and have my story told.
3. I certify that I followed the Weight Watchers plan using Weight Watchers Online for the full period of my weight loss and maintenance and that the information that I have provided to Weight Watchers.com.au Pty Ltd in connection with my weight loss and maintenance, is true and accurate. I have not used any other weight loss product/service in achieving my Goal Weight and, if applicable, since I achieved my Goal Weight.
4. I consent to the use of my name, my picture, relevant biographical data and other information concerning my experience with the Weight Watchers plan, including my weight loss, by Weight Watchers.com.au Pty Ltd, Fortuity Pty Ltd, Weight Watchers New Zealand Unit Trust Limited, and their parents, subsidiaries and affiliates (hereinafter, "WW") in connection with the operation and promotion of their businesses.
5. I assign to WW all rights in and to any and all material submitted by me in connection with Weight Watchers Online Success Stories. I give WW the worldwide right to use, reproduce, modify, create derivative works of, publish and distribute such information that I provide, in whole or in part, alone or in combination with any other material in any medium now known or hereinafter developed, with or without my name and/or picture, and with additions, edits or changes made by WW. I understand and agree that this consent extends to the use of this material for any purpose, including advertising and/or publicity, and confirm that I will not have an opportunity to review the finalised material.
6. I acknowledge and agree that WW is under no obligation to publish my success story or indeed provide compensation to me with respect to the use described above
7. I acknowledge that all materials supplied by me to WW will become the property of WW and will not be returnable.
8. I hereby release WW and its respective employees, officers and directors from any harm, damage, liability, cost or expense whatsoever with respect to or in connection with my candidacy and/or success story.

Name: _____

Signature: _____

Date: _____

Name of Witness: _____

Signature of Witness: _____

Date: _____

Please note that we will be unable to use the information that you have submitted if you and your witness do not sign this form. Your witness may not be a family member.

Thank you