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**CONTESTANT APPLICATION**

**“THE BIGGEST LOSER”**

1. Please fill out the application legibly.
2. Use dark colored ink.
3. Answer all questions honestly and to the best of your ability.
4. Please include a non-returnable photo of yourself.

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Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gender: M F      Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Birthdate: \_\_\_\_\_, Age: \_\_\_\_\_

CIRCLE ALL THAT APPLY: Single/ Married/ Divorced/ Children

If children, How many/ages? \_\_\_\_\_

I AM A LAWFUL U.S. RESIDENT: yes \_\_\_\_\_ no \_\_\_\_\_

I grew up in: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

School(s) Attended: \_\_\_\_\_

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ARE OR HAVE YOU EVER BEEN A MEMBER OF SAG/AFTRA?

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER ACTED, PERFORMED OR APPEARED ON TELEVISION OR FILM? IF SO, DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT OTHER REALITY/GAME TV SHOWS HAVE YOU APPLIED TO OR BEEN ON? PLEASE LIST SHOWS, DATES OF APPLICATION & AIRDATES:

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ARE YOU CURRENTLY BEING CONSIDERED FOR ANY OTHER REALITY SHOWS, INCLUDING ANY GAME OR CONTEST SHOWS? IF SO, DESCRIBE:

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## **PART I: YOUR PROFILE**

DESCRIBE YOUR JOB HISTORY. WHAT DO YOU CURRENTLY DO AND WHY ARE YOU GOOD AT IT?

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HOW WOULD SOMEONE WHO REALLY KNOWS YOU DESCRIBE YOUR **BEST** QUALITIES?

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HOW WOULD SOMEONE WHO REALLY KNOWS YOU DESCRIBE YOUR **WORST** QUALITIES?

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GIVE US A BRIEF SYNOPSIS OF YOUR DIETING HISTORY:

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WHAT IS YOUR GREATEST ACCOMPLISHMENT?

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WHAT PERSONALITY TRAITS ARE YOU ANNOYED BY?

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MY FAVORITE RESTAURANT IS \_\_\_\_\_

DESCRIBE YOUR FAVORITE MEAL:

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DESCRIBE YOUR FAVORITE DESSERT/TREAT:

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FOOD IS:

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EXERCISE IS:

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MY WEIGHT IS:

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WHAT WOULD MOTIVATE YOU TO LOSE WEIGHT?

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HOW MUCH WEIGHT DO YOU WANT TO LOSE?

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DESCRIBE YOUR MOST EMBARRASSING MOMENT OR EXPERIENCE?

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WHAT WAS THE LAST UNUSUAL, EXCITING OR SPONTANEOUS THING YOU INSTIGATED?

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WHAT DO YOU THINK WOULD BE THE BEST THING ABOUT BEING THIN?

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WHAT'S THE HARDEST THING ABOUT BEING OVERWEIGHT?

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DO YOU HAVE ANY BAD HABITS YOU WISH YOU COULD CHANGE?

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WHAT ARE YOU LIKE IN A ROOM FULL OF STRANGERS? WHAT TYPES OF PEOPLE INTIMIDATE YOU? HOW DO YOU REACT IN THESE SITUATIONS?

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HOW IMPORTANT IS MONEY TO YOU? \_\_\_\_\_

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DESCRIBE A MAJOR ISSUE THAT HAS AFFECTED YOUR LIFE? DO YOU STILL FACE THIS ISSUE?

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HOW COMPETITIVE ARE YOU?

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HOW ATHLETIC ARE YOU?

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**QUICK FACTS (CIRCLE & ANSWER):**

DO YOU SMOKE?                    Y    N                    COMMENTS: \_\_\_\_\_

DO YOU DRINK?                    Y    N                    COMMENTS: \_\_\_\_\_

DO YOU HAVE TATTOOS?        Y    N                    COMMENTS: \_\_\_\_\_

HAVE YOU HAD PLASTIC SURGERY? Y    N                    COMMENTS: \_\_\_\_\_

HAVE YOU EVER HIT SOMEONE IN ANGER OR SELF DEFENSE?                    YES / NO        (Circle One)  
IF SO, TELL US ABOUT IT, HOW OLD WERE YOU, WHAT HAPPENED?

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HAVE YOU EVER BEEN ARRESTED OR HAD A RESTRAINING ORDER PLACED AGAINST YOU?  
YES / NO        (Circle One)                    (If so, what was the charge and were you convicted?)

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HAVE YOU EVER BEEN TREATED FOR ANY SERIOUS PHYSICAL OR MENTAL ILLNESS(ES) OR HAD ANY  
SERIOUS INJURIES?                    YES / NO        (Circle One)                    IF SO, PLEASE DESCRIBE:

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ARE YOU ON ANY PRESCRIPTION MEDICATION THAT YOU TAKE ON A REGULAR BASIS?  
YES / NO        (Circle One)                    IF SO, WHAT AND FOR HOW LONG?

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DO YOU HAVE ANY ALLERGIES OR MEDICAL CONDITIONS?  
YES / NO        (Circle One)                    IF SO, PLEASE DESCRIBE:

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DO YOU HAVE ANY PHYSICAL CONDITIONS, SPECIAL NEEDS, OR FEARS THAT WE SHOULD KNOW  
ABOUT?                    YES / NO        (Circle One)                    IF SO, DESCRIBE:

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HAVE YOU EVER BEEN CHARGED WITH A VIOLENT OFFENSE OR A FELONY? YES / NO        (Circle One)  
IF SO, PROVIDE DETAILS:

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HAVE YOU EVER BEEN CONVICTED OF A VIOLENT OFFENSE OR A FELONY? YES / NO        (Circle One)  
IF SO, PROVIDE DETAILS:

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HAVE YOU NOW OR HAVE YOU EVER OWNED OR APPEARED ON ANY WEB SITES? YES / NO (Circle One)  
IF SO, EXPLAIN:

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DO YOU KNOW ANYONE ELSE WHO IS APPLYING TO BE ON THE SHOW? YES / NO (Circle One)  
IF SO, GIVE NAME(S) AND DESCRIBE YOUR RELATIONSHIP WITH SUCH PERSON(S):

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HAVE YOU EVER BEEN PARTY TO A LAWSUIT? YES / NO (Circle One)  
IF SO, PROVIDE DETAILS:

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**IF CHOSEN TO BE A CONTESTANT ON “THE BIGGEST LOSER,” IS THERE ANY PERSON OR PART OF YOUR LIFE THAT YOU WOULD PREFER NOT TO SHARE ON CAMERA? (I.E. – SOCIAL ORGANIZATIONS, ACTIVITIES, PERSONAL HISTORY, FRIENDS, FAMILY, ETC.)** YES / NO (Circle One)

**EXPLAIN BELOW:**

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WHO IS THE ONE PERSON WE COULD CALL AS YOUR CHARACTER WITNESS OUTSIDE OF YOUR FAMILY?  
NAME & PHONE #(S):

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LIST YOUR 3 CLOSEST **MALE** FRIENDS IN THE AREA THAT WE COULD CALL AS CHARACTER REFERENCES, NAME & PHONE #(S):

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LIST YOUR 3 CLOSEST **FEMALE** FRIENDS IN THE AREA THAT WE COULD CALL AS CHARACTER REFERENCES, NAME & PHONE #(S):

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Please list below anyone you know or have known who is now, or has been in the past two years, an officer, employee, agent or representative of:

- (a) Central Park West Productions (“Central Park” or “Producer”), Reveille, LLC (“Reveille”), NBC Universal, Inc. (“NBC”), or any of their respective affiliated or parent companies;
- (b) Any television station or channel, cable network or satellite network that airs or that may air “The Biggest Loser” (the “Program”);
- (c) Any person or entity involved in the development, production or distribution or other exploitation of the Program;
- (d) Any sponsor of the Program or its advertising agency; or
- (e) Any person or entity supplying services or prizes the Program.

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## **PART II: ELIGIBILITY REQUIREMENTS**

- 1) You must be at least 18 years of age.
- 2) You must be a lawful U.S. resident.
- 3) You must not be a candidate for public office and must agree not to become one until after one (1) year after the initial broadcast of the episodes of the Program in which you appear, if selected as a contestant.
- 4) Neither you nor any member of your immediate family or anyone living in your household may be or may have been within the last two (2) years an employee, officer, director or agent of any of the following:
  - (a) NBC Universal, Inc. ("NBC"), its affiliated entities, or any television station owned and operated by NBC;
  - (b) Central Park, Go Faster Productions, Inc. or Reveille;
  - (c) Any sponsor of the Program or its advertising agency; or
  - (d) Any person or entity supplying prizes or other services to the Program.

In addition, Central Park and NBC reserve the right to render ineligible any person whom any of them determines, in its sole discretion, is sufficiently connected with the production, administration, judging, or distribution of the Program, such that his or her participation in the Program could create the appearance of impropriety.

- 5) If selected as a participant you must execute waivers and release agreements required by Central Park and NBC or any of their licensees, successors or assigns.
- 6) You will need to be available to the production in Sept of 2006- Dec of 2007 and be willing to travel to various locations as part of production.
- 7) You must be willing to submit medical information to the production, and you must be willing to submit to a medical examination, psychological examination, and background check.
- 8) You hereby give the following representations, warranties, acknowledgements, consents and releases:

(a) By signing below, I hereby represent, warrant, acknowledge, and agree that: (i) I have read and I meet and agree to be bound by the eligibility requirements; (ii) I have completed this application honestly and accurately; (iii) if any of the information in this application is found to be false or incomplete, this will be grounds for dismissal from the Program contestant selection process, and/or from the Program contest, if selected; (iv) even if I meet the eligibility requirements, Producer has no obligation to interview me, and/or select me as a contestant; (v) even if I am selected as a contestant, Producer has no obligation to conduct the contest or produce the Program and NBC has no obligation to broadcast it, even if produced; (vi) all decisions by Producer concerning selection of the contestants is final and not subject to challenge or appeal; and (vii) Producer has no obligation to return any materials submitted by me as part of the application whether or not I am selected as a contestant.

(b) By submitting this application, I hereby consent to the recording, use and reuse by Central Park, Reveille, NBC, and any of their respective licensees, successors, assignees, parents, subsidiaries, or affiliated entities, and each of their respective employees, agents, representative, officers and directors (collectively "Releasees") of my voice, actions, likeness, name, appearance, biographical material, and any information contained in, derived from or obtained in connection with my application to be a contestant in the Program or in any materials submitted by me in connection with my application (collectively "Likeness"), as edited, altered, or modified by the Producer or by any of the other Releasees, in any and all media now known or hereafter devised, worldwide in perpetuity, in or in connection with the Program. I agree that the Releasees or any of them may use all or any part of my Likeness, and may alter or modify it regardless of whether or not I am recognizable. I further agree that the Releasees exclusively own all right, title, and interest (including, without limitation, all copyrights) in and to any and all recordings made by them and in and to any and all video that I have provided in connection with my application and any other materials that I have provided or may provide in connection with my application or the Program (collectively, the "Materials"), including, without limitation, the right to edit, alter or modify the Materials and to use all or part of the Materials and my Likeness in any and all media now known or hereafter devised worldwide, in perpetuity. I further agree that Releasees may use my Likeness and the Materials in connection with any promotion, publicity, marketing or advertisement for the Program. I grant the rights hereunder whether or not I am selected to participate in the Program in any manner whatsoever. I release Releasees from any and all liability arising out of the

recording or use of my Likeness and/or the Materials. I agree not to make any claim against Releasees as a result of the recording or use of my Likeness and/or the Materials (including, without limitation, any claim that such use defames me or invades any right of privacy and/or publicity). I understand that I will not be paid any money for giving Releasees these rights or for signing this agreement.

(c) I hereby authorize Producer and any person or entity designated by Producer to investigate, access and collect information about me, about any of the statements made by me in my application, this Agreement, any supporting documents and any other documents that I have signed or provided or do sign or provide in connection with my application to be selected as a contestant in the Program, or any other written or oral statements I make in connection therewith. I irrevocably authorize Producer and any person or entity designated by Producer to secure information about me and my experiences from my current and former employers, associates, friends, family members, educational institutions, government agencies, credit reporting agencies, and any references I have provided, and I irrevocably authorize such parties to provide information concerning me. I hereby unconditionally and irrevocably release and forever discharge Producer, the persons or entities designated by Producer, and all such parties and persons from any and all liabilities arising out of or in connection with any such investigation. I specifically authorize investigation of my employment records, medical records, and government records, including but not limited to my motor vehicle records, criminal records and credit and/or consumer report(s). I acknowledge and agree that any such information obtained by Producer or by any person or entity designated by Producer pursuant to this paragraph or otherwise may be used for purposes of selecting contestants in the Program, and may be described or otherwise related in and in connection with the Program.

(d) I hereby authorize Producer and any person or entity designated by Producer to conduct psychological and physical examinations of me as required by Producer. I further authorize the individuals conducting such examinations of me to disclose to Producer and their representatives all information about me obtained in connection with such examinations, and authorize Producer to utilize such information in selecting contestants for the Program.

I have read, understand, and agree with the foregoing.

Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Name (Please print or type) \_\_\_\_\_

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER, INVESTIGATIVE OR BUSINESS REPORT

I, the undersigned consumer, do hereby authorize Central Park West Productions (“Central Park”) and NBC Universal, Inc. (“NBC”), by and through their independent contractor, or any other independent contractor they may designate in their sole discretion to perform background checks, to procure, review and evaluate a consumer report, investigative consumer report, and/or business report on me to assist in their determining my suitability for the project in which I am seeking to participate. These records may include, but are not limited to, employment and education records; military history records; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and past addresses, and criminal and civil history / records.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer or business report prepared on me upon my written request to any independent contractor that Central Park or NBC may have designated in their sole discretion to perform background checks, that is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et seq.

I further authorize any person, business entity or government agency who may have information relevant to the above to disclose the same to Central Park and NBC, by and through any other independent contractor that Central Park or NBC may have designated in their sole discretion to perform background checks, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Central Park, Reveille, LLC, NBC and each of their respective parent and affiliated companies, any other independent contractor that any of them may designate in their sole discretion to perform background checks, and each of their respective officers, directors, agents and employees, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, reviewing, evaluating, and/or assisting with the compilation or preparation of the investigation, consumer report, investigative consumer report and/or business report hereby authorized.

PRINT NAME (as it appears on your drivers license):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Maiden Name, Aliases or Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street Number/P.O. Box                      Street Name                      Apt #

City                      State                      Zip Code                      County                      Country

Previous Address: \_\_\_\_\_

Street Number/P.O. Box                      Street Name                      Apt #

City                      State                      Zip Code                      County                      Country

Daytime Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ State License Was Issued: \_\_\_\_\_