

# WLGO Service Contract

**Must be completed and approved prior to WLGO Start Date**

Name of Applicant: \_\_\_\_\_ Sex \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Contact # \_\_\_\_\_

Do you need financing? \_\_\_\_\_

Are You 18 Years of Age? \_\_\_\_\_ Is Your Body Mass Index above 35+? \_\_\_\_\_

Have you had Bariatric Surgery in the past year? \_\_\_\_\_ Do you have a Lap Band? \_\_\_\_\_

Why are you interested in the WLGO DietSmart Program?

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

## WLGO DietSmart Weight Loss Services

Weight Loss Grants Organization 18 Months Program The DietSmart Plan is an Accredited Program DrPenny Weight Loss Services Accredited Provider	MUST PAY IN FULL	80% Grant Reward upon successful Completion of WLGO Weight Goal
<input type="checkbox"/> Consultation Are You Ready To Lose Weight?	\$200	nil
<input type="checkbox"/> 12 Weeks DietSmart Plan – Home Plan	\$6000	\$2500
<input type="checkbox"/> 12 Weeks DietSmart Plan – Group Plan	\$6000	\$2500
<input type="checkbox"/> Completion Certificate – proof of success	\$6000	nil
<input type="checkbox"/> 15 additional Months – WLGO Deadline	NO Charge	nil
<input type="checkbox"/> Portion Control Containers – 1 Set	included	-----
<input type="checkbox"/> 90 Leptin Patches (3 Months' supply)	Included	-----
<input type="checkbox"/> Worksheets, Logs, & Assessments	Included	-----
<input type="checkbox"/> Test Strips, BMI, Body Fat Test, Photo & Measurements	included	-----

## Terms & Conditions

- ✓ No Returns or Exchanges, No replacement for lost or stolen Patches.
- ✓ No Refunds for Drop-Outs: DietSmart FILE WILL BE CLOSED.
- ✓ **WLGO Goal Weight:** must lose 17% of your body weight by the WLGO Deadline (18 Months) for the 80% Grant Reward.

## Designated Forms: **Must be completed prior to Start Date**

- \_\_\_\_ WLGO Service Contract : Payment, Agreement, & Accountability
- \_\_\_\_ Health & Weight Diagnosis Form - completed by your doctor
- \_\_\_\_ Par-Q Form & Waiver from Physical Education Training
- \_\_\_\_ Release, Waiver & Liability Form
- \_\_\_\_ Paid In Full Receipt for Tax Claim

Applicant Signature: \_\_\_\_\_

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

*Dr. Penny.ca*