



Providence Heart to Start program Waiver and sign up

By signing I agree to the following:

I wish to participate in the Providence Heart to Start program. I understand that my participation in a running and walking program includes exercises that may increase my heart rate and increase my blood pressure. I certify that I have no known ailment, disease, or organic condition, which would make my participation in the Providence Heart to Start dangerous to my health. I will notify program personnel of any changes in my health or physical condition that affects my ability to exercise (pregnancy, injury, illness, etc.). I have consulted with or had the opportunity to consult with my physician concerning my participation in this program.

Name – please print

date

Signature

Email address*

**Your email address will only be used for weekly Heart to Start team updates. It will not be used for any other purpose.*