



# HEART TO START

## Providence Heart to Start Participant & Waiver Form

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

\_\_\_\_\_  
Email address\* – please print clearly

Family participants under age 18? Please list name(s) below.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**\*\*Signature**

Did you register online for the current season of Heart to Start?

Yes

No

Will you be attending our weekly group workouts?

Yes

No

Are you currently a Providence Caregiver (i.e. employee)?

Yes

No

If Yes, which location? \_\_\_\_\_

\*In addition to the Heart to Start program and weekly training schedule updates, you will occasionally receive helpful information and resources related to prevention and wellness. Please check this box to opt out:  (this will not exclude you from Heart to Start program communication)

\*\*We like to celebrate each other and the efforts of our participants by taking photos during events and our training groups to share and help inspire others. If you prefer not to have your photo taken, please let our photographer know at that time. We do ask that you please excuse yourself from any group photo opportunities.