



# Project HEART

## Consent for Participation in Classes

**Please review all statements carefully.**

**Please initial each box next to the statements to which you are in agreement.**

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- I/We understand that **Project HEART** (Health Enrichment and Resource Training) activities and classes are to provide participants with information and skills to have a healthy life. I/We understand the risks involved in participation in the classes including those that are exercise and cooking related.
- I/We give permission for any known personal health information to be given should the participant need to be treated for illness or injury.
- I also grant **Project HEART** the right to photograph and/or videotape me while participating in the **Project HEART** activity and understand, should **Project HEART** wish to use my name, face, likeness, voice, and appearance for exhibitions, advertising, and promotional materials, I will be contacted to obtain my permission.

**I/We HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE effective for one year from the date of my/our signature(s).**

Printed Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have a guardian?  Yes (Guardian must sign below)  No

Name of Guardian (printed): \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_