

## Get Moving And Grooving Today!

Join women across America who are learning practical ways to increase their physical activity and reduce their risk of heart disease and stroke. Our FREE 12-week program will also help you make heart-healthy (and tasty!) food choices.

### Program Features

- A personal, easy-to-follow handbook to increase physical activity
- Nutrition tips and recipes for healthful eating
- Healthy weight-management tips and success stories
- Relevant facts on heart disease and stroke
- A Web site that includes online e-cards, e-newsletters and a BMI calculator to support exercise and healthful eating

### To Learn More

- Visit [americanheart.org/choosetomove](http://americanheart.org/choosetomove)
- Call 1-888-MY-HEART (1-888-694-3278)



## To Register

- Fill out and return this card to join Choose To Move! It's free!
- Don't forget to sign the consent form.
- Write clearly and complete your name, address and e-mail address below.
- Drop this card in an envelope and mail it back to us at:



Choose To Move  
American Heart Association  
7272 Greenville Ave.  
Dallas, TX 75231-4596



- OR, fax this card to us at (214) 706-5244. Make sure you sign the consent form before you fax it to us.

- OR, register online at [americanheart.org/choosetomove](http://americanheart.org/choosetomove)



**It's That Easy!**

Please complete the following (write clearly):

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

If you are joining Choose To Move with a group (e.g., corporate team, women's group, hospital, etc.), please tell us the name of your group. \_\_\_\_\_

I am voluntarily enrolling in the program mentioned in this brochure ("AHA Program"). I will consult with a physician to determine whether my participation is right for me. The AHA Program might advocate potentially hazardous physical activity. I expressly assume all risk arising out of my participation.

I agree to not sue, and to release, indemnify and hold harmless, the AHA, its agents, and its sponsors from any and all liability whatsoever, arising out of my participation in the AHA Program. The foregoing release, indemnification, and hold harmless shall be as broad and inclusive as is permitted by the state in which I live.

I assign to the AHA the right to gather, process, analyze, and retain the medical, demographic and/or other information that I supply in the AHA Program so that the AHA may provide and improve its programs, products and services. I consent to the disclosure by the AHA of any of this medical, demographic and/or other information to entities that the AHA uses to gather, process, analyze, and retain this information and to mail me material. I consent to the aggregation of my non-identifying information with like information from other people. I authorize the AHA to mail me information about the AHA Program or AHA offerings.

I have read, understand, and agree to the foregoing as a condition of participating in the AHA Program.

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

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