



## Pledge Form

Yes, I want to be part of the TEAM and take the pledge to participate in daily physical activity.

I pledge to add physical activity into my daily routine and increase my overall activity levels. Beginning right now, I will do my part to improve my health by exercising.

I understand that by increasing my physical activity I will enjoy one or more of the following benefits of exercise:

**Improve my health**

**Lower my blood pressure**

**Sleep better**

**Improve my mood and ability to handle stress**

**Reduce risk of heart disease and stroke**

**Reduce risk of diabetes and cancer**

**Lose or maintain my weight and feel better**

Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Please Fax to 530.587.7454  
or mail to TCHSP PO Box 759 • Truckee, CA 96160