

# Release

I give permission for my name and contact information to be given to The HEAL Program<sup>SM</sup> so that I may be contacted about their HEAL (health skills) classes.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

**R<sub>x</sub>**

Prescription: \_\_\_\_\_



**FREE** classes  
to improve your  
health skills!

Redeemable for **7**



**FREE GIFTS!**

That's 1 at every HEAL Class!!

Plus, the chance to win a **\$25 Gift Card to Walmart!!**

727-221-2923