



# GATEWAY COMMUNITY HEALTH CENTER, INC.

## *Diabetes Self Management Project*

### INFORMED AGREEMENT / CONSENT

The present form outlines the basis for participation in the Diabetes Self Management Course.

#### PLEASE READ AGREEMENT AND INITIAL EACH ONE:

I understand that I will be part of a group participating in a ten week program to help me control my Diabetes.

**YES**     **NO**

I understand that I am participating in a program that depends on my willingness to change.

**YES**     **NO**

I understand that before attempting to exercise I should consult my physician (especially if hypertension or any form of heart disease is suspected).

**YES**     **NO**

I understand that staff or volunteers from: **Gateway Community Health Center, Inc.**

providing the course will not be liable for any injury, which might result from my participation.

**YES**     **NO**

Based on the information here outlined, I \_\_\_\_\_ (Participant's Name)  
Agree to participate because I believe that I can benefit from the Diabetes Self Management Course.

#### **Consent:**

I authorize the use, reuse, copyright, publish and/or republish; still photographs, pictures, portraits, and/or other illustrations in whole or in part, without restriction as to changes or alterations for the purpose of developing strictly educational advertisement without commercial interest, for print media.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_