

By signing this form, I voluntarily consent to participate in a supervised St. Elizabeth Tobacco Cessation Program. In becoming a participant, I agree to cooperate with the staff, and I understand that following the staff's and the program's recommendations are essential components for an effective program and a successful outcome.

I acknowledge and agree that my participation in the program with St. Elizabeth is completely voluntary. I understand that the program is administered by St. Elizabeth Healthcare employees. I agree not to hold St. Elizabeth Healthcare, its owners, heirs, assigns, and agents, and any and all other persons or entities involved in the tobacco cessation program harmless from and against all claims or causes of action arising from or alleging to arise from the services provided to me during the sessions. I acknowledge that I have read the foregoing consent completely, that I understand the content fully and have had all my questions answered to my satisfaction.

Participants Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Witness \_\_\_\_\_ Date/Time \_\_\_\_\_