

Name _____ - Date: _____

-Staying Healthy Contract-

Directions: Fill out the form to make a "contract" with yourself in which you desire a plan to ensure your optimal physical health. This will help in looking and feeling great about yourself.

I _____, hereby agree to the following terms and will carry them out as a means of promoting good health.

1. I will do the following:

Week 1 _____

Week 2 _____

Week 3 _____

Week 4 _____

Week 5 _____

Week 6 _____

2. I will limit the following things:

3. I will avoid the following things:

4. Other terms:

My reward for carrying out this contract is:

Signature _____ Date _____

Witness _____ Date _____