



## *Courage to Quit* Program Leader Agreement

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Thank you for participating in today's training for Respiratory Health Association's (RHA) ***Courage to Quit*** adult tobacco cessation program. RHA asks that Program Leaders adhere to the program implementation standards outlined below.

By signing this document, I understand that as a Program Leader, I must:

- Be trained and certified in *Courage to Quit* by designated RHA staff or volunteers;
- Be a non-smoker for the previous 6 consecutive months or longer;
- Use and adhere to *Courage to Quit* materials provided by RHA in implementation of the program. All *Courage to Quit* materials are copyrighted. Any use of materials, including reproduction, modification, distribution or republication, without collaboration and the prior written consent of RHA, is strictly prohibited;
- Notify RHA staff of *Courage to Quit* program dates 3-4 weeks in advance of program start;
- Provide RHA staff with completed pre and post-program surveys for *Courage to Quit* within 14 days of program end;
- Maintain participant attendance information for one year post-program;
- Implement *Courage to Quit* without charge, or for a nominal fee, to program participants. *Courage to Quit* is intended to provide flexible and comprehensive tobacco treatment programming to groups or individuals regardless of their financial status. To ensure that all interested persons have access to *Courage to Quit*, RHA asks that *Courage to Quit* programming be provided free of cost or at a nominal fee. Should a charge be necessary, RHA asks that a sliding scale or reduced fee be provided to those with limited resources.
- Obtain prior approval from RHA on any and all materials associated with implementation of the *Courage to Quit* program; including participant handouts and promotional materials.
- Indemnify and hold harmless RHA and Dr. Andrea King from any claims arising out of my implementation of *Courage to Quit*, including any claims by program participants.

Program Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address(1) \_\_\_\_\_

Address(2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_