



"The Pledge" - Parents

I _____, affirm that I choose to live without tobacco. As a parent, I am taking responsibility for my health and setting a good example for my children. I understand that spit or smokeless tobacco is bad for my health. I understand that tobacco contains many substances known to cause cancer, heart disease, gum disease, and death. These harmful agents are in cigarettes; cigars; cigarette and cigar smoke; and smokeless or spit tobacco, including snuff and chew.

I pledge to educate my children on the dangers of spit or smokeless tobacco, understanding that smokeless does not mean harmless and that spit tobacco can be just as harmful to me as smoking cigarettes or cigars.

I will encourage my family to live a healthy, tobacco-free lifestyle that that will make a difference in my life and the lives of my children and grandchildren. For those who are using spit or smokeless tobacco, I will offer support and encouragement they need to live without tobacco.

Name (Please Print) _____

Signature: _____

Contact (Phone & E-mail) _____

FAX the signed pledge to (517) 655-1761, e-mail to NCnoSpitAllStars@thesportsflash.com, or mail to TSF Radio Network, 1516 Lytell Johnes Path, Williamston, MI 48895.

