Pledge to Live Longer, Better

Blue Zones Project™ helps you make positive changes where you live, work, and play so that healthy choices become easy choices. Support your community and pledge to improve your personal well-being by completing the pledge below.

First Name: ___________________ Last Name: ___________________ Email Address: ___________________

Zip Code: ___________________ Phone Number: ___________________ Company Code (if applicable): ___________________

How did you hear about us?: ___________________

I will complete the Vitality Compass® and at least one other action listed below that will provide lasting benefits to my physical, emotional, and social well-being:

- I will take the Vitality Compass.
- I will get a bicycle (or clean or repair my current bicycle) and a bike helmet.
- I will get a dog.
- I will eat wisely and stop when 80% full.
- I will stock my kitchen with 10-inch plates and tall narrow glasses.
- I will grow a garden.
- I will add more fruits, vegetables, and plant-based proteins to my weekly menu.
- I will participate in plant-based cooking classes.
- I will join a walking, purpose, or potluck “moai” (group).
- I will recruit a friend to join the Blue Zones Project.
- I will establish “Family Dinner Nights” three nights each week.
- I will designate my home and vehicle as a “Smoke-Free Zone”.
- I will use the Blue Zones® Kitchen Checklist.
- I will use the Blue Zones® Tribe Check Up.
- I will use the Blue Zones® Home Checklist.
- I will use the Blue Zones® Bedroom Checklist.
- I will use the Blue Zones® Family Checklist (if applicable).
- I will discover my purpose.
- I will attend at least four worship services in the next 90 days.
- I will volunteer at least once during this project.
- I will learn a new hobby.
- I will designate a space in my home for quiet time/meditation/prayer.
- I will read “The Blue Zones”, “The Power of Purpose”, or “Mindless Eating”.

Please write the following statement on the line below. “I have read and understand this pledge and intend to follow through.”

Signature: ___________________ Date: ___________________

By signing below, I agree to the Blue Zones Project personal commitment and participation waiver. I acknowledge that I am at least 13 years old and that I am responsible for deciding (in consultation with my physician) how much I can safely do and how far I can go. I accept the risks associated with participation in the Blue Zones Project.

Signature: ___________________ Date: ___________________