## **Extended Water Fast Pledge and Reminder Form**

## **Pledge Information**

| Full Name   |
|---|
|   |
| Planned Fast Duration (days)  |
|   |
| Start Date  |
|   |
| End Date  |
|   |
| Reason for Fasting  |
|   |
|   |
|   |
| Accountability & Support  |
| Accountability Partner (Name or Email)  |
|   |
| Reminder Frequency  |
| <u> </u>  |
|   |
| Commitment  |
|   |
| I pledge to complete my water fast safely and responsibly.                              |
|   |
| I understand this is not medical advice and have consulted a professional if necessary. |