

Commitment to Enroll in Arthritis Wellness Program

Date: _____

To Whom It May Concern,

I, [Your Name], hereby express my commitment to enrolling in the Arthritis Wellness Program. I understand the importance of managing arthritis and believe that this program will offer valuable resources and support.

By participating in this program, I aim to enhance my understanding of arthritis management techniques, improve my physical health, and connect with others who share similar experiences.

I am committed to attending all scheduled sessions and actively participating in the program's activities. I look forward to engaging with the facilitators and fellow participants.

Thank you for providing this opportunity. I am excited to embark on this journey towards better health and wellness.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Contact Information]