



Health and Fitness for Our Generation

**Medical Release Form**

---

<b>Name</b>	<b>DOB</b>	<b>Phone</b>
-------------	------------	--------------

---

**Physician's Name**

**Physician's Phone/Fax**

\_\_\_\_\_ is interested in starting a personalized fitness program at Boomers Health & Fitness Center, an independent exercise program that will be professionally guided. A detailed medical history will be taken and fitness testing will be performed.

IS ABLE TO PARTICIPATE IN EXERCISE  
 IS NOT ABLE TO PARTICIPATE IN EXERCISE

**PLEASE LIST ANY MEDICAL CONCERNS OF WHICH OUR STAFF SHOULD BE AWARE**

---

---

---

**BY COMPLETING THIS FORM YOU ARE NOT ASSUMING ANY RESPONSIBILITY FOR OUR ADMINISTRATION OF THE PROGRAMS OR TESTING PROCEDURES**

---

<b>PHYSICIAN SIGNATURE</b>	<b>DATE</b>
----------------------------	-------------

**PLEASE RETURN THIS FORM VIA FAX TO: JOSH CUMPTON OR HEATHER CARTER  
FAX: 731-984-8305**