

FITNESS MATTERS INC.

Physician Report and Liability Waiver

Name _____
Home Street Address _____
City, State, zip _____
Phone () _____ - _____ Gender: MALE FEMALE
Age _____ Birth date ____/____/____
Emergency Contact Person _____ Phone () _____ - _____
Business _____
Business Address _____
Business Phone () _____ - _____ Occupation _____

I hereby acknowledge that I have been made aware of and fully understand that exercise and physical activity has the potential of resulting in personal injury. I hereby acknowledge that I accept the risk of injury and waive any claims against Fitness Matters Inc. for any and all future injuries.

Signature _____ Date _____

_____. Although Fitness Matters Inc. has recommended that I seek the advice of my physician prior to beginning a program of exercise and physical activity, I have chosen not to and I further waive any and all future claims against Fitness Matters Inc. as a result of not seeking the advice of a physician.

_____. Fitness Matters Inc. has recommended that I seek the advice of my physician prior to beginning a program of exercise and physical activity. Below is the report of my physician.

I, Dr. _____, being the physician for _____ and being responsible for his/her care and/or treatment, give clearance for this patient to participate in a regular exercise program.

Signature _____ Date _____

These are the exercises or activities that I recommend for this patient:

_____ Walking	_____ Stair Climber	_____ Stationary Bike
_____ Jogging	_____ Arm Ergometer	_____ Rowing Machine
_____ Swimming	_____ Versa Climber	_____ Aerobics Classes
_____ Free Weights	_____ Weight Lifting Machines	_____ Cross-Country Ski Machine
_____ Other Recommendations (please be specific) _____		

These are the exercises or activities that should be restricted:

_____ Walking	_____ Stair Climber	_____ Stationary Bike
_____ Jogging	_____ Arm Ergometer	_____ Rowing Machine
_____ Swimming	_____ Versa Climber	_____ Aerobics Classes
_____ Free Weights	_____ Weight Lifting Machines	_____ Cross-Country Ski Machine
_____ Other Restrictions (please be specific) _____		
