PHYSICIAN'S APPROVAL

_____ has been examined by me and has my approval to participate in a progressive exercise program including components of resistance (strength) training, cardio (aerobic) training, and flexibility training. I understand the vigorous nature of the program and see no reason why the above-named person should not participate. I have indicated below any limitations, restrictions or exercise recommendations that I believe would be appropriate for the participant.

_____, M.D. _____
Signature Date

I approve the release of any information that would be pertinent or helpful to a fitness professional in developing a progressive exercise program for me.

_____ _____
Signature Date

_____

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Allison Duxbury Fit focused