



# Medical Release Form

N. \_\_\_\_\_ has applied to participate in the Cancer Well-Fit exercise program. This program emphasizes strength training primarily but may also include submaximal cardiovascular training, flexibility, balance, water workouts, yoga, tai chi, and exercise in a group fitness setting. The program will take the participant through various levels of increasing difficulty throughout the 10-week duration. All of our trainers are certified fitness professionals who have undergone intensive and thorough training in working with the special needs of cancer survivors. By completing the form below, however, you are not assuming responsibility for our administration of the exercise program. If you know of any medical or other reason why participation in this program by the applicant would be unwise, please indicate on the form below. If you have any questions about the program, please don't hesitate to contact us at wellfit@avilabayclub.com or 805-595-7600 ex 122.

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I believe the applicant can participate, but I urge caution because of the following: \_\_\_\_\_

\_\_\_\_\_ The applicant should not engage in the following activities: \_\_\_\_\_

\_\_\_\_\_ I recommend that the applicant not participate.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_