

Physician's Consent to Participate in a Fitness Program

**To: Salire Fitness LLC
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To Whom It May Concern,

My patient, _____, has advised me that he or she intends to participate in a fitness program, exercise program, and cardiovascular, cardiopulmonary program, which will include, but not be limited to, resistance training as well as cardiovascular training. The sessions will last approximately 45 minutes or 1 hour and will begin at a very moderate, submaximal level.

Please be advised that my patient should be subject to the following restrictions in this fitness program:

Under no circumstances should my patient do the following:

If No Restrictions are Advised for the patient, please indicate below.

I have discussed the foregoing restrictions and limitations with my patient and, with these specific restrictions listed above; he or she has my consent to participate in a fitness program under your guidance.

Sincerely,

(Physician's name here) Date:

(Client's name here) Date: