



Medical Release Form

Please return form at your next program participation, or send to: *Jean Snow 15587 Garden Rd. Poway, CA 92064 858.748.7965*

Part 1 to be completed by *Participant*

Name Address

City CA Zip Phone Email

My current physical activity goals and proposed training plan is:

Participant Signature Date

Part 2 To be completed by *physician* - Please list any restrictions that you would recommend for this patient for our physical activity and training program

Physical limitations: None Yes (please specify)

Other restrictions: None Yes (please specify)

_____ (patient name) has my approval to participate in this physical activity and training program with the restrictions described above.

Physician's Name _____ Phone _____
Please Print

Physician's Signature: _____ Date: _____