



Dear Dr. \_\_\_\_\_ ,

\_\_\_\_\_ has just joined Miramont Lifestyle Fitness and is anxious to begin an exercise program. We need your permission for this individual to exercise in a medically unsupervised environment.

Please review and sign the attached form, then fax back to \_\_\_\_\_

Please give me a call with any questions or concerns.

Thanks you for your help!

Yours in Health

Membership Advisor

**Approval Form  
Unsupervised Exercise**

I authorize the above named physician and his/her staff to release to Miramont Lifestyle Fitness such medical history and informations as is pertinent to my participation in a non-medically supervised exercise program. I have the right to revoke this authorization with written notice to Miramont Lifestyle Fitness or the above named physician at any time. If not revoked, this authorization expires one year form the date I indicated below.

PATIENT'S SIGNATURE:

DATE:

I have reviewed the medical status of \_\_\_\_\_ and determined he/she is physically capable of participating in unsupervised exercise at Miramont Lifestyle Fitness

PHYSICIAN'S SIGNATURE:

DATE:

**NOTES:**

Centerra 3755 Precision Dr. Ste. 100 80538 P: 970.744.5005 F: 970.669.7373	Central 2211 S. College Ste. 300 80525 P: 970.225.2233 F: 970.472.0265S
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North 1800 Heath Pkwy. 80524 P: 970.221.5000 F: 970.493.3182	South 901 Oakridge Dr. 80525 P: 970.282.1000 F: 970.282.9294
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