



## Physician's Consent to Participate in a Fitness Program

To: Total Customized Fitness, LLC  
7391 Vahalla Dr.  
Solon, OH 44139

To Whom It May Concern,

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

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

Sincerely,  
(Please print and sign.)

Date: