



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

To: Perfect-FITT  
96 Couture Gardens  
Thornhill , Ontario  
L4J 9H6

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, submaximal level.

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

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Under no circumstances should my patient do the following:

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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,

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(Please sign name here)

Date:

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(Please print name here)