

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

To: BIG GUNS L.L.C.,  
9395 Braxton Way  
Mechanicsville, VA 23116

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:

[Please Print]

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