

# Physician's Release Form

I have examined \_\_\_\_\_

I have found the following:

- The above named may participate fully in any and all sport and/or physical activity program consisting of cardiovascular, strength and flexibility activities and/or training programs without limitation.

**or**

- The above named may participate in the aforesaid activities with the following limitations:

**or**

- The above named may not participate in the aforesaid activities due to the following condition(s):

Physician's Signature	Date
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I (we) do hereby further declare said child to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent said child's participation in the aforesaid activities. I (we) acknowledge that said child had a physical examination and has been given physician's permission to participate, and do hereby assume all responsibility for participation in the aforesaid activities, and utilization of equipment, facilities and machinery associated therewith.

<b>Parent(s) Name(s)</b>	
<b>Signature</b>	<b>Date</b>
<b>Signature</b>	<b>Date</b>