

# Physical Activity Release Form Golden Community Center

\_\_\_\_\_ has my approval to participate in a progressive  
(Participant Name)  
exercise program. I understand the physical and physiological stressors of the program and see  
no reason why the above named person should not participate.

Physician Name \_\_\_\_\_

Physician Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Restrictions (HR, intensity, ROM)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Fax to:  
Wellness Coordinator Golden Community Center  
303-384-8104