



The American College of Sports Medicine recommends obtaining a Doctor's Clearance prior to beginning an exercise program if you have more than two risk factors. If you do have two or more risk factors, do you authorize Peoplefit to obtain a clearance from your physician and renew it as deemed appropriate by your physician?

Yes

No

Date _____

Print Name _____

Signature _____

SHOULD YOU CHOOSE NOT TO OBTAIN DR. CLEARANCE, YOU MUST SIGN THE WAIVER BELOW.

MD CLEARANCE WAIVER

I waive the recommendation to obtain a clearance to exercise from my doctor and accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by Peoplefit. I agree to exercise at my own risk and shall hold this Center, its shareholders, directors, managers, members, officers, employees, representatives, and agents harmless from any or all loss, claim, injury, damage, or liability sustained or incurred by me resulting therefrom.

Date _____

Print Name _____

Signature _____