



(706) 224-1189 • P.O. BOX 5671 • ATHENS, GA 30604 • WWW.COUTUREBODIES.COM

MEDICAL RELEASE FORM

Date: _____

Dear Physician:

Your patient _____ wishes to start a personal training program. The activity will involve resistance and cardiovascular training including, but not limited to aerobic dance, weight training, and the use of various aerobic-conditioning machinery.

If your patient is taking medications that will affect his/her heart rate response to exercise please indicate the manner of the effect. Also, please indicate any other limitations or concerns about your patient in regards to an exercise program.

Type of medication: _____

Effect: _____

Other: _____

_____ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Signature

Date

Phone

Please mail this document to the following address. Thank you.

Couture Bodies
P.O. BOX 5671
Athens, GA 30604
(706) 224-1189