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[www.BaltimoreSportsRehab.com](http://www.BaltimoreSportsRehab.com)

## Physician's Release Form

Please indicate below if there are any special precautions, limitations, restrictions or reasons why this participant should limit, (or decline) his/her participation in this program.

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I agree that the above named member may participate in the BSR Fitness and Wellness Program.

\_\_\_\_\_  
*Physician Name (Print)*

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

Physician Phone #: (\_\_\_\_\_) \_\_\_\_\_