



# Medical Release Form

Name:	DOB:
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Please list any physical limitations or health restrictions that may adversely affect their ability to safely participate in mild aerobic activities, weight lifting (under 15 lbs), or paddling (including competition) and or information you would like the coach/instructors to know.

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I find, \_\_\_\_\_, in good health, free of any physical limitations and is able to participate in the Hope Chest Exercise and Dragon Boat Programs.

MD/DO/NP/PA Name (print): \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_