PHYSICIAN RELEASE FORM

DATE SENT:____/____/20____

DATE RECEIVED:____/____/20____

Dr._____ **Phone:**_____**Fax**:_____

Patients Full Name:_____ Phone:_____

SS#: xxx-xx-_____ DOB:____/____/19____

The individual stated above plans to participate in fitness programs offered by Claymore Center on site at 504 S. Clayton Street, Wilmington, DE. 19805. Attached you will find a description of the programs offered which may include group exercise classes, basic fitness assessments and a comprehensive fitness center facility including cardiovascular and resistance training equipment. For this individual, a physician's approval is required to participate in the programs offered for the following reasons:

____ Participant is over the age of 21
____ Individual has two or more of the following risk factors:
Cholesterol level > 200, blood pressure > 140 systolic and/or
> 90 diastolic, smoker, currently has or a family history of cardiovascular disease, or a sedentary lifestyle.

Comments:_____

Please check the appropriate recommendation with any restrictions.

___ Approved. I find no reason that this individual should not be able to participate in the fitness programs offered at Claymore.

___ Approved with the following restrictions:_____
_____

____Deferred. I find that participation in the programs offered are inadvisable at this time.

Physician's Printed Name:_____

Physician's Signature:_____ Date Signed:____/____/20____

Physician, please complete this form and 1)Give back to participant, 2)Fax to (302)254-4431, 3)Mail within 5 business days to:

Claymore Center
Attention: Administrative Office
504 S. Clayton Street
Wilmington, DE. 19805
302-428-3170
theclaymoresc@msn.com

WAIVER AND RELEASE

I understand that the Claymore Senior Center Exercise program is designed to permit participating members to exercise within their physical limits as determined by their physician. I also understand that I may only use the center's exercise equipment according to the limitation imposed by my physician and/or fitness instructor.

I agree to be solely and fully responsible for any injury or physical condition that I may incur as a result of my participation in the exercise program.

I hereby release Claymore Senior center, its agents and employees, from any and all liability for any injury or physical condition arising out of my participation in the Claymore Exercise Program and/or the use of its exercise equipment.

I further understand and agree that I herby waive any right to recover damages from Claymore Senior Center, its agents and employees, as a result of my participation in the program.

I realize by signing this waiver and release that I am giving up certain legal rights.

Full Name(Please Print);_____

Address:_____

Signature:_____

Date:_____/_____/20_____

(10/09)

CLAYMORE CENTER

Client Registration Procedures

This Packet Includes

1. **Fitness Application Attached - ARE YOU A MEMBER?**

2. **Physician Release Form:** ***Staff will gladly send your referral form via Fax***

3. **When Claymore receives your Approved Physician Release Form, staff will call to set up a "one-on-one" appointment**

5. **Release of Liability Form**

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Fitness Membership Payment Guidelines

After your initial One-On-One with Fitness Specialist,
you will receive a "card" as confirmation.

Please take your card up to Main Office for
Membership Payment Services.

Staff will further explain the following:

1) **In January(only)you may pay for a Full Year of service and receive (1) month Free.**

2) **We offer a (6) month payment plan, from when you join. $90**

3) **Payment is due regardless of attendance.**