



Health and Exercise Science  
Fort Collins, CO 80523-1582  
(970) 491-5081  
Fax: (970) 491-0445

## Colorado State University Adult Fitness Program

### Physician's Release Form

One of your patients, \_\_\_\_\_ (DOB \_\_\_\_\_), wishes to enroll in the Adult Fitness program at Colorado State University. It is understood that participants in this program may be involved in supervised or unsupervised exercise in any of the following areas: walking, jogging, swimming, cycling, rowing, stair-stepping, weight-training, stretching, and basketball. Members of Adult Fitness may voluntarily sign up for sub-max ECGs with the main purpose of student learning and fitness assessment. I hereby certify that the above named person may participate in the program with the following exception(s).

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

\_\_\_\_\_  
Date

Thank you for your time and assistance. Please contact Kimberly Burke at (970) 491-0928 or [Kimberly.Burke@colostate.edu](mailto:Kimberly.Burke@colostate.edu) should you have any additional questions or concerns. Please fax this form to (970) 491-0445.

Sincerely,

Kimberly Burke, M.S.  
Director of Adult Fitness  
Colorado State University  
970-491-0928  
[Kimberly.burke@colostate.edu](mailto:Kimberly.burke@colostate.edu)