



COLORADO STATE UNIVERSITY

Department of Health and Exercise Science
Adult Fitness Program
Fort Collins, CO 80523-1582
Kimberly Burke: (970) 491-0928
Monica Kinney: (970) 491-0225
Email: adultfitnessoutreach@colostate.edu
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, pickleball, and/or basketball. Members of Adult Fitness may voluntarily sign up for fitness assessments with the main purpose or student learning and program planning. I hereby certify that the above-named person may participate in the program with the following exception(s).

Physician's Signature

Date

Thank you for your time and assistance. Please contact us at adultfitnessoutreach@colostate.edu should you have any additional questions or concerns. Please leave with the patient, email, or fax this form.

Sincerely,

Kimberly Burke, M.S.
Director, Adult Fitness Program
970-491-0928
kimberly.burke@colostate.edu

