NISRA
Northern Illinois
Special Recreation Association

Fitness Program Waiver

TO: Medical Practitioner
FROM: Northern Illinois Special Recreation Association (NISRA)
RE: Recommendation for participation

Your patient (name below) desires to participate in a NISRA fitness program. These programs involve physical exercise through the use of aerobics, treadmill, weights, and/or resistance equipment. A typical fitness program meets 1-2 times/week for up to 1 hour. NISRA provides a close staff-to-participant ratio and the exercises are chosen based upon the participant's ability level.

In order for your patient to participate in this type of program, we are requesting medical clearance. Please complete the following information and return it to the NISRA office by the registration deadline for the program.

Part 1: For completion by NISRA Participant.

Print Name: _____

I give permission for (medical practitioner name)_____ to complete this medical clearance form. It needs to be sent to NISRA prior to the start of the programs which begins on _____ in order for me to be allowed to participate.

Date: _____ Participant Signature: _____

Part 2: For completion by Medical Practitioner licensed to administer physical examinations in the State of Illinois.

Please check:

_____ I support my patient's participation in this program with no restrictions
_____ I support my patient's participation in this program with the following restrictions: _____

_____

_____ I do not recommend my patient's participation in the program for the following reasons: _____

_____

Date: _____ *Medical Practitioner's Signature: _____

Medical Practitioner's Address: _____

Please return to: NISRA | 285 Memorial Drive Crystal Lake, IL 60014 | Fax: (815) 459-0388

*A facsimile signature shall substitute for and have the same effect as an original signature.

This form will be valid for 2 years from the date of the Medical Practitioner's signature. The form will need to be re- submitted if the participant has medical treatment that could affect his/her participation.