



AtlantiCare LifeCenter
2500 English Creek Road Building 250
Egg Harbor Township, NJ 08234
Phone: (609) 407-2270
Fax: (609) 407-2255



To: From:

Fax: Pages:

Phone: Date:

- Urgent For Review Please Comment Please Reply Please Recycle

CONFIDENTIAL INFORMATION

Comments: The documents accompanying this telecopy from AtlantiCare contain information which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named on this transmission sheet and may not be disseminated to any other party without permission.

Physician's Approval Form

Date:

Dear Dr.:

A patient of yours is interested in taking part in fitness activities at our center. We require that all of our members undergo a fitness assessment. The performance components of this assessment include a sub maximal treadmill test (Ebbeling Protocol) and a muscular endurance evaluation. Due to the identification from the participant's health history questionnaire, we require your approval before an exercise program can be initiated.

Please complete this form and remit by fax to (609) 407-2255 at your earliest convenience.

Patient Name (print):

Patient Signature:

- I approve of this member's participation in a fitness assessment.
I do not approve of this member's participation in a fitness assessment.

Physician Signature:



## Waiver and Release

I acknowledge that AtlantiCare has advised me that based on at least one response I provided on my Health History Questionnaire, until my medical provider clears me, AtlantiCare can not recommend use of the AtlantiCare LifeCenter, including but not limited to LifeCenter's programs, activities, equipment and facilities (hereinafter "use of the LifeCenter.")

In using the LifeCenter before discussing the use with my medical provider, I understand that I assume all risks of injury which may result from or arise out of my attendance or use of the LifeCenter. I agree on behalf of myself and my heirs, executors, administrators and assigns, fully and forever to waive, indemnify, hold harmless, release and discharge the AtlantiCare LifeCenter and its affiliated companies, and all their respective officers, directors, employees, agents, successors, and assigns and each of them, from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, including all associated costs, relating to or arising out of my use of the LifeCenter.

I have read this Waiver and Release, fully understand it, and intend to be bound thereby.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name (print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_