

**Refusal of Medical Consultation**

I certify that I do not wish to consult with my physician before I participate in a fitness assessment, personal training, group exercise class or any other programs/services offered through the company known as Fit2Be.

My last physical examination was \_\_\_\_\_ and to the best of my knowledge I am healthy to participate in all programs and services provided by Fit2Be voluntarily.

I have also signed the Agreement and Release of Liability Form \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_