



PHYSICIAN RELEASE FORM

The Wellness Community- Greater St. Louis will offer Exercise and Cancer each Saturday for one hour. The class will be a way to increase strength, improve stability and overall quality of daily living. The class will be taught by Master Trainer, Cancer Exercise Specialist, Val Strang. She will introduce a mind, body connection for participants who are undergoing or have completed cancer treatment. Class will begin with dynamic movement and stretching, followed by an introduction to the exercises with many modification options. A series of both cardiovascular and strength intervals will comprise a majority of the class

Your patient, _____, has elected to participate in this class. Please offer any restrictions about which your patient and the instructor should be advised.

By signing this form you are giving permission to your patient to exercise in this program.

Please list any restrictions for your patient's participation in this program:

Physician
signature: _____

Affiliation/Institution _____

Office Phone# _____

Date _____