



Boston College
William J. Flynn Rec Complex
140 Commonwealth Avenue
Chestnut Hill, MA 02467
(p) 617-552-6094
fitness.center@bc.edu
www.bc.edu/plex

Medical Waiver

Prior to participation all males over 45 years of age and females over 55 years of age are required to obtain a Medical Waiver signed by their physician before participation in our Personal Training Services. Any individual with one or more major coronary risk factors and or two or more signs or symptoms of cardiovascular risk are required to obtain a medical clearance signed by their physician regardless of their age.

Physician's Clearance

_____ is participating in the Personal Training service offered at the Boston College Recreation Complex. Your signature indicates that your patient is medically cleared to participate in the Personal Training service. Without your consent your patient will not be able to participate.

Description of Service:

Individuals will work one on one with a Personal Trainer who will establish an exercise program based on the individuals medical history, goals and physical limitations. The exercise intensity is moderate to vigorous and may focus on areas of cardiovascular, resistance and flexibility training.

Physician's Signature

Date

Physician's name (please print)

(____)_____
Office phone