

**Ho`ola Lahui Hawai`i
Kauai Great Weight Out 2007
Medical Clearance Form**

Participant's Name: _____

Check one: **Team member** () **Team name:** _____

Me2 () **Region:** _____

I hereby certify that _____ has been examined and cleared by me to participate, with the noted restrictions, in a mild to strenuous exercise program (the intensity to be determined by activity chosen by participant) that may include: walking; uphill hiking; water, Hi-low impact, and basic to advanced step aerobics; tone and strengthening with light weights (two pounds to ten pounds). Activities will be offered everyday, limited on weekends. Frequency will be determined by the participant.

Physician's Name: _____ **Phone number:** _____

Physician's comments:

Physician's Signature: _____ **Date:** _____