

REQUEST FOR EXCUSE FROM GYM-PACT COMMITMENT CONTRACT

Dear Physician: Your patient is seeking to be excused from a Commitment Contract that he or she entered with Gym-Pact.com. To be excused, the patient must obtain a written statement of excuse from a physician on this form and have the form faxed to 866-998-1854.

ALL questions must be answered legibly. If not, this application will be considered invalid.

For Patient to Complete:

Patient name: _____

Patient address: _____ City: _____

_____ State: _____ Zip: _____

Patient telephone: () - _____

Patient email: _____

For Physician to Complete:

I certify that it would be detrimental to patient's health to continue to be bound by this Commitment Contract for the following reasons:

I swear or affirm under penalty of perjury under the laws of this State that the contents of this document are true and correct:

Physician signature: _____

Physician name: _____

Physician address: _____ City: _____

_____ State: _____ Zip: _____

Physician telephone: () - _____ Email: _____

PLEASE FAX COMPLETED FORM TO GYM-PACT at 866-998-1854