



HEALTHY WAY OF LIFE

I, \_\_\_\_\_ (insert name of physician/medical professional), understand that to ensure fairness in athletic competition, Life Time, Inc. has adopted a standard that male-to-female transgender entrants must have undergone continuous, medically-supervised hormone treatment for gender transition through which the entrant has maintained a total testosterone level in serum below 2.5 nmol/L for a period of at least twenty-four (24) months prior to a race.

***I hereby certify in my clinical judgment as the below-listed entrant's medical provider that this entrant has met Life Time, Inc.'s medical standard for fair competition and should be cleared to compete in the event listed below as a female with no restrictions.***

***To Be Completed by Physician/Medical Professional***

Physician/Medical Professional's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Physician/Medical Professional: \_\_\_\_\_

Medical License Number: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

State, Country: \_\_\_\_\_

***To Be Completed by Event Entrant***

Subject to my completion of any legally-required form of healthcare information authorization, I hereby give my physician/medical provider (named above) permission to provide the above information regarding my hormone therapy treatment to Life Time, Inc. in connection with the event(s) listed below.

Name of Entrant: \_\_\_\_\_

Entrant's Signature: \_\_\_\_\_

Event / Date: \_\_\_\_\_

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