



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 for male-to-female transgender entrants that requires continuous, medically-supervised hormone treatment for gender transition for at least one year prior to the race.

I hereby certify that the entrant named below has been under my care undergoing continuous, medically-supervised hormone treatment for male-to- female gender transition for the required one year minimum period.

Therefore, it is 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 listed below.

Name of Entrant: _____

Entrant's Signature: _____

Event / Date: _____
