

CONSENT TO TREATMENT OF A MINOR

I (We), being the parents of _____,
a minor, the age of _____, do hereby consent, authorize and request PREMIER PHYSICAL
THERAPY AND SPORTS PERFORMANCE to administer such treatment deemed advisable,
necessary or requested on the above minor.

I (We) agree to hold PREMIER PHYSICAL THERAPY AND SPORTS PERFORMANCE and
any of its employees or agents, free and harmless from any complaints, suits for damages or
complications which may result from such treatment.

SIGNED: _____ DATE: _____
(PATIENT)

SIGNED: _____ DATE: _____
(PARENT OF GUARDIAN)

SIGNED: _____ DATE: _____
(WITNESS)