



**LV PREMIER PHYSICAL THERAPY
& SPORTS PERFORMANCE**

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 named 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: _____ 20____
(Parent or Guardian)

SIGNED: _____ DATE: _____ 20____
(Parent or Guardian)

SIGNED: _____ DATE: _____ 20____
(Witness)