

CUSTOM FITNESS, LLC

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AUTHORIZATION AND CONSENT TO TREAT A MINOR

DATE: __/__/__

PATIENT NAME: _____

PATIENT BIRTHDATE: _____

The undersigned does hereby authorize Custom Fitness, LLC and Ryan Claros, PT consent to examine and treat the above mentioned minor by the Custom Fitness Team without a Parent or Guardian present.

Parent or Guardian Name (PRINT): _____

Parent or Guardian Signature: _____

Important Medical Information (Allergies, Medications, etc.)
