

CONSENT TO TREAT MINOR: I, being the parent or guardian of _____,
a minor, the age of _____, do hereby consent, authorize and request Motion Matters Physical Therapy, PC to
administer such treatment deemed advisable, necessary, or requested on the above minor.

I agree to hold Motion Matters Physical Therapy, PC free and harmless from any claims, suits, damages, or
complications, which may result from such treatment.

Signature of Parent or Guardian

Date (mm/dd/yyyy)

Witness (Signature of Motion Matters Physical Therapy Staff)

Date (mm/dd/yyyy)