



MINOR PATIENT WAIVER

By my signature below, I, _____, as parent and / or legal guardian give permission for _____, a minor, to attend and receive skilled physical therapy treatments at Agility Physical Therapy and Sports Rehabilitation, LLC with and without a parent or legal guardian in attendance.

I understand that Agility Physical Therapy and Sports Rehabilitation, LLC strongly advises a parent or legal guardian to be present at all times, but especially for all evaluations and for any treatments that include the anterior chest (shoulders, neck) on females, and pelvic area (lumbar spine, sacrum, hips) on all minors.

By my signature below, I release Agility Physical Therapy and Sports Rehabilitation, LLC and all staff from the responsibility of supervising my child in the public areas of the building complex.

Printed Name of Parent or Legal Guardian: _____

Relationship to Minor: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Printed Name of Witness: _____

Signature of Witness: _____ Date: _____

*11450 Space Center Blvd, Suite 201
Houston, TX 77059
(Clear Lake, Pasadena, Deer Park, La Porte area)*

P: 281-998-0901

F: 281-998-0903

www.agilityphysicaltherapy.net

*306 West Edgewood Drive, Suite E
Friendswood, TX 77546
(West League City, East Pearland area)*