

We, the parents of _____, (if minor) OR I,
_____ give our/my permission to
Kirk Stierwalt or Jim/Laura Rudd to enter this individual in any hospital for emergency
treatment necessary.

We/I also release Kirk Stierwalt, Jim/Laura Rudd, the Turner Center and all affiliated
with this clinic from any and all liability which might occur from any illness, injury or
accident.

Parent/Guardian or Individual Signature

Subscribed and sworn to this _____, 2010

My Commission Expires: _____

Notary Public

November, 2010
Turner Center
Arcadia, FL 34266