

# Creative Wellness Institute

1116 23<sup>rd</sup> Street South  
Birmingham, AL 35205

## **STRONG***Girls* Medical Release Form

This is to certify that I give permission for my child:

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to receive medical services should she be involved in an accident or become ill while involved with the **STRONG***Girls* program. It is my understanding that Creative Wellness will not be responsible for any medical expenses incurred. As parent/guardian, I will be responsible for all medical bills.

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Signature of responsible adult for minor

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Witness