

**YMCA PERSONAL TRAINING  
Norfolk Family YMCA  
301 W. Benjamin Ave.  
Norfolk, NE 68701  
P :402-371-9770 F: 402-371-9162  
ww.norfolkymca.org**

**RELEASE OF MEDICAL INFORMATION**

I, the undersigned person, give my consent and authorize you to release medical records and information in your possession to the Norfolk Family YMCA. I also consent and authorize you to discuss this information with the Norfolk Family YMCA for the purpose of health and fitness programming. This authorization shall be in effect for 12 months following the date of signature. A photocopy is as valid as the original.

Client/Patient Name (printed): \_\_\_\_\_

Client/Patient Date of Birth: \_\_\_\_\_

Client/Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_