

# Authorization for Emergency Contact

Date: \_\_\_\_\_

To Whom It May Concern,

I, [Your Name], hereby authorize [Trainer's Name] to act as my emergency contact during personal training sessions at [Location/Facility Name]. In case of an emergency, I give permission for them to make decisions regarding my health and well-being.

My contact information is as follows:

- Phone: [Your Phone Number]
- Email: [Your Email Address]

The designated emergency contact is:

- Name: [Emergency Contact Name]
- Relationship: [Relationship to You]
- Phone: [Emergency Contact Phone Number]
- Email: [Emergency Contact Email]

Thank you for your attention to this important matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]