

Musculo Authorization Form

Musculo Authorization Form for Use and Disclosure of Personal Health Information Collected in the Musculo Coaching Program

I, (full name)*

hereby authorize Musculo to use and/or disclose the personal health information about me described below.

2. The personal health information that may be used and/or disclosed consists of: (a) name (b) email address (c) phone number (d) health or medical condition or history

3. The personal health information may be used and/or disclosed for the following purpose: (a) To provide coaching services to client (b) For use in developing artificial intelligence and machine learning technology aspects of Musculo's products (c) For data analytics

Signature

(This will require your client's signature)

Date