

Contagion Responsibility Waiver

Client's Name: _____

Date: _____

Client's DOB: _____

Caregiver's Name: _____

Waiver for Contagion Responsibility

_____ I hereby agree and acknowledge that I am aware of the possibility and risk of illness directly or indirectly associated with the client's involvement in intervention activities.

_____ I hereby understand that illness may occur due to participation in therapy activities, despite compliance with all laws and safety rules.

_____ I, on behalf of the client, and myself, hereby release, agree to hold harmless and forever waive and discharge Amy M. Schulz and/or Speech & Language A to Z, LLC from any and all actions, claims, damages, illness, costs or losses, including, but not limited to attorney's fees, however arising, which may have been or may be sustained by the client named above, in any way relating to or arising out of the client's involvement or participation in intervention.

The release and waiver provisions of this document are intended to be legally binding contract, relieving Amy M. Schulz and/or speech & language a to z, llc from liability for any illness to the client named above, associated with the client's involvement or participation in intervention activities. The undersigned understands and acknowledges his/her right to consult an attorney regarding the contents hereof, before signing.

I hereby agree to the above Waiver. I have read each and every provision of this document, understand the meaning and effect thereof, and agree to abide by the terms and conditions of this document. The terms of this document apply to any and all intervention activities involving or participated in by the client named above, at any time after the execution hereof.

IN WITNESS WHEREOF, the undersigned executes this Release and Waiver on the _____ day of _____, 20____.

Name: (please print) _____ Relationship to client: _____

Signature: _____

Witness Name: _____

Signature: _____