



Release and Waiver of Liability

2021-2022 SUNDERLIN BEHAVIORAL INTERVENTIONS COMMUNITY AND IN-HOME RELEASE AND WAIVER OF LIABILITY

Participant Name: _____ Date of Birth: _____

Date: _____

This is a legally binding Consent Form and Release of Liability made voluntarily by me (or legal guardian), the undersigned, on my own behalf, and on the behalf of my heirs, executors, administrators, and legal representative.

The undersigned will participate in behavioral services in a variety of environments based on need. This includes, but is not limited to in-home and community outings. The undersigned hereby assumes all risks associated with accidents and/or injury while participating in therapy sessions without the presence of a parent, caregiver, designated adult, or second behavior technician.

In an emergency, I acknowledge that I (or legal guardian) am responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in these activities. I authorize Sunderlin Behavioral Interventions' clinical staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

The undersigned agrees to indemnify and hold harmless Sunderlin Behavioral Interventions and its clinical staff any and all claims, actions, results, procedures, costs, expenses, damages and liabilities, including attorney's fees brought by the undersigned, their representative, or any other person or third party as a result of the undersigned's participation in any of the above-mentioned activities. By the execution of this agreement, I (or legal guardian) accept and assume full responsibility for all and injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge Sunderlin, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed above.

Client or Legal Guardian Initial:

____ Release and waiver of Liability

I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

Client/Legal Guardian Signature

Date