



## Release and Waiver of Liability

### 2021-2022 SUNDERLIN BEHAVIORAL INTERVENTIONS RESTROOM/DIAPERING AND FIRST AIDE RELEASE AND WAIVER OF LIABILITY

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Sunderlin Behavioral's restroom policy consists of a minimum of two staff personnel (one staff assists/changes while other staff oversees). Staff washes their hands before and after restroom routines. Each child has their own diapers/wipes and restroom area is kept sanitary. Please provide Sunderlin Behavioral with your child's restroom/diapering products.

Sunderlin Behavioral's personnel is First Aide & CPR certified as well as NCPI certified.

#### **Permission to Administer**

I hereby give Sunderlin Behavioral personnel permission to administer the following products according to the manufacturer's instructions or otherwise specified.

Yes	No	Products	Specifications
___	___	Diaper Wipes	_____
___	___	Diaper Cream	_____
___	___	Antiseptic Wipes	_____
___	___	Diapers	_____
___	___	Band Aids	_____
___	___	Neosporin	_____
___	___	Chap-Stick	_____
___	___	Lotion	_____
___	___	Sun Screen	_____



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 hereby assumes all risks associated with accidents and/or injury while administering restroom routines/first aide/CPR/NCPI. The undersigned hereby agrees that for the sole consideration of Sunderlin, allowing the undersigned to participate in the above named activity for which or in connection with which the university has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge Sunderlin and its members, individually, and its officers, agents and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I 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 understand that the acceptance of this release and waiver of liability by the Sunderlin shall not constitute a waiver in whole or in part of sovereign immunity by said Board, its members, officers, agents, and employees.

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.

---

Parent Signature

---

Date



30343 Canwood St, #100 • Agoura Hills, CA 91301  
Phone: (805) 230-3701 • Fax: (805) 823-4462  
Email: [sunderlinbcb@gmail.com](mailto:sunderlinbcb@gmail.com)