

Release and Waiver of Liability

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

Participant Name: _____ Date of Birth: _____

I have read and fully understand the Release and Waiver of Li of all claims.	ability Agreement and release
Photography Permission We give permission to use this participant's likeness in either	photographic or video-taped
Parent Signature	Date