

**Pediatric
Therapy Associates**



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Waiver of Liability

For the safety of your child, Pediatric Therapy Associates recommends all parents/caregivers remain in the clinic at all times during therapy sessions. This allows for quick communication and decision making in the event of an injury or emergency.

If you choose to leave against the recommendation of Pediatric Therapy Associates, you understand that may place your child at risk for delayed medical treatment in the event of an injury. Therefore by signing below, you hereby acknowledge that these risks have been explained to you. You further agree to waive any and all claims or theories of liability against Pediatric Therapy Associates in the event your child is injured, and a delay in treatment occurs as a result of your unavailability and/or decision to leave Pediatric Therapy Associates during your child's treatment.

You further agree that should you choose to leave during your child's therapy sessions, you will return prior to the end of the treatment session so that your child may be released to you. If you have not returned by the end of your child's session, you will be asked to remain in the clinic for all future appointments.

I UNDERSTAND, READ AND WRITE ENGLISH _____
Initials

I understand the paragraphs above and have had all questions about this release answered before signing and agreeing to the above terms.

Child's Name

Signature of Responsible Party

Date

Printed Name of Responsible Party

Relationship to Patient