



## **Sensory Room Accident Waiver and Release of Liability Form**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN OR ATTENDING TO CHILDREN IN THE ENVIRONMENT, namely the Sensory Room adapted from Dr. Bessel van der Kolk's SMART Room model, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property such as the ball pit, crash pad, tepee, rocking chair, relaxation chair, trampoline, and hammock that are owned, maintained, or controlled by the clinic, or because of their possible liability without fault. I certify that I and/or my child is physically fit and have completed the medical questionnaire and/or have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my and/or my child's participation in this environment.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the clinicians and staff of Heart to Heart Center for Child and Family Counseling, and that it will govern my actions and responsibilities at said Sensory Room.

In consideration of this application and permitting me and/or my child to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the clinic's Sensory Room,

(B) I INDEMNIFY, HOLD HARMLESS, AND WILL NOT TO SUE HEART TO HEART CENTER FOR CHILD AND FAMILY COUNSELING LLC, the entity and/or persons at the clinic who provide me/my child access to the Sensory Room and waive them from any and all liabilities or claims made as a result of participation in or attendance of Sensory Room environment, whether caused by the negligence of release or otherwise.

I acknowledge that the Sensory Room may test a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by sensory room toys such as the ball pit, trampoline, h, facilities, temperature, weather,

condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, additional family members, approved visitors clinicians, and interns. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that in the Sensory Room, there may be a camera for supervision purposes only. I consent that at any time that I and/my child may be observed solely for therapeutic purposes. I agree to allow my and/or my child's video likeness to be observed for any legitimate purpose the psychotherapist assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Click or tap here to enter text.

Signature of Parent/Legal Guardian

Click or tap here to enter text.

Name of Child

Click or tap here to enter text.

Date