



RELEASE OF LIABILITY

_____, parent/guardian of _____,
client of The T.E.A.M. Approach, Inc., understand that I am responsible for my child's behavior and safety while on the premises. I agree to hold The T.E.A.M. Approach, Inc., its employees and agents harmless in the event of any accident or injury that occurs on The T.E.A.M. Approach premises, as a result of lack of parental/caretaker supervision or my child's misbehavior.

Further, I understand that if I leave the premises while my child is receiving therapy, I must be immediately available by either cell phone or pager. My cell phone/pager number is _____.
I agree to notify my therapist and the office staff each and every time before leaving the premises.

I understand that in the event of a medical emergency, the staff of The T.E.A.M. Approach, Inc. will call 911 for emergency medical treatment.

Signature of Parent or Responsible Party

Date

Witness

Date