



Liability Waiver

I _____, legal guardian of _____ do hereby give consent for my child (named above) to participate in Milton Speech Pathology programs. I agree to release, hold harmless and waive all claims and causes of action that may hereafter accrue to me against Milton Speech Pathology, and any of their officers, directors, employees, agents, independent contractors, representatives, or volunteers associated with any injury (including the Art Barn at Morning Glory Farm) that may be caused as a result of any action other than the sole negligence of Milton Speech Pathology, their officers, directors, employees, agents, independent contractors, representatives, or volunteers. I further agree to indemnify and hold harmless Milton Speech Pathology, and any of their officers, directors, employees, agents, representatives, or volunteers, from any action or inaction of my child that may cause any injury or damage whatsoever. I hereby give full permission for my child to participate in all activities and agree to notify group leaders of any precautionary measures that should be noted or taken during group classes/camps.

I agree that I will be present to pick my child up at least 5 minutes prior to class ending.

In the event of any injury to my child, I hereby grant full power of attorney to Milton Speech Pathology, their officers, directors, employees, agents, independent contractors, representatives, or volunteers to obtain any emergency medical treatment they (in their sole discretion) deem necessary in the best interest of my child.

Please list any precautions, allergies or special notes regarding your child below:

Emergency Contact Name: _____ Phone: _____

Legal Parent/Guardian (print): _____

Legal Parent/Guardian signature: _____ Date: _____

*Consent Valid for the term of treatment with Milton Speech Pathology.