

Impact Educator LLC

Owner: Alicia Rake **Phone:** (920) 392-2581 **Email:** rakea26@gmail.com

Business Services:

Payment is due prior to services. The payment options are noted within the intake process.

Impact Educator LLC accepts cash, checks and credit cards (for a fee). Any returned check will be subject to a returned check fee.* Please make checks payable to: IMPACT EDUCATOR LLC

Evaluation Information (if applicable to students with an identified disability):

If you are a parent / guardian seeking an educational evaluation for your child, please know you have the right to request this from your local public school. Impact Educator LLC is not an outside source for educational evaluations. Any services provided by Impact Educator LLC will aim to reinforce the goals and objectives of an individual's IEP in collaboration with other professionals (if applicable). Initial evaluation information should be obtained from the school district of the individual.

Liability Information:

In consideration of the risk of injury while participating in services provided by Impact Educator LLC, and as consideration for the right to participate in the activity, I hereby, for myself, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the activity, and do hereby release and forever discharge Impact Educator LLC, at rakea26@gmail.com, in Beaver Dam, WI 53916, their affiliates, managers, attorneys, volunteers, for any physical or psychological injury, including but not limited to illness, paralysis, damages, economic or emotional loss, that I may suffer as a direct result of my participation in the aforementioned activity, including traveling to and from this activity.

I agree to indemnify and hold harmless Impact Educator LLC against any and all claims, suits or actions of any kind for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Impact Educator LLC incurs any of these types of expenses, I agree to reimburse Impact Educator LLC.

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I expressly agree to release and discharge Impact Educator LLC and all of its affiliates,

managers, agents, attorneys, staff, representatives and successors, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Impact Educator for personal injury or property damage.

To the extent and statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Impact Educator and its employees. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

Confidentiality and Privacy Policies:

In general, law protects the privacy of all communication between a client and a private consultant, and therefore, we must have your written permission to release information. There are a few exceptions. If a minor is being abused, I am legally obligated to file a report with state agencies. I am also required to take protective action if I believe that a client is threatening serious bodily harm to him/herself or others. In some cases, a judge can order the release of confidential information.

Please be assured that, with these few exceptions, all obtained records will be kept confidential. I will discuss evaluation findings and/or talk with other professionals or individuals only if you have completed an appropriate "Release of Information" form. With **written correspondence**, you have the right to rescind your consent at any time. If you have any questions or concerns about the information contained on this form, please call owner, Alicia Rake, at (920) 392-2581 or email rakea26@gmail.com.

Your signature below indicates that you have read the information in the document and agree to abide by its terms. Please bring this form with you to your intake appointment.

Adult Client Signature (if 18 years or older): _____

Date: _____

Parent / Guardian: _____

Date: _____