

**Southlake Autism and Behavior Services  
Speech and Occupational Specialists, LLC**

**ABELS Academy**

355 Citrus Tower Blvd, Suite 116  
Clermont, FL 34711  
Office 352.223.1999 Fax 352.600.3119

**Release of Liability by Consent to Interact or Participate with Physical Structures  
or Recreational Equipment**

I \_\_\_\_\_ certify that I am a parent or legal caretaker or guardian of (client) \_\_\_\_\_ and acknowledge and accept the following risks of injury that can occur to the above named client as a result of their interaction with any and all play equipment, gym equipment, therapy equipment, recreational equipment and or any and all other physical item located within the dwelling of or provided by representatives of Southlake Autism and Behavior Services or ABLES Academy or Speech and Occupational Specialists Therapy Group. I agree to release Southlake Autism and Behavior Services or ABLES Academy or Speech and Occupational Specialists, LLC from any and all legal liability.

I willingly acknowledge and accept the following:

- I willingly acknowledge and accept the risk of injury to include but not limited to any and all various degrees of broken skin (not limited to cuts, scrapes, abrasions), bruises, broken bones, internal injuries (not limited to organ punctures, damage, or failure), mental or emotional trauma and behavior or skill regression or death.
- I willingly acknowledge and accept that the above named client may at any time be on physical structures that include but not limited to swings (not limited to pouch or platform), trampolines without a net, large balls, ropes, rock walls and cargo nets that exceed 8 feet in height from the ground, sit upon or stand upon scooters, tricycles, bicycles with and without training wheels, skateboards, roller skates and inline skates; I acknowledge and accept that all structures and equipment mentioned in this consent and any future structures are located on top of cement or tile flooring or asphalt.
- I acknowledge and accept that traffic and community safety skills such as crossing the street and walking with an adult along any road with high speed traffic will be practiced. I acknowledge and accept any risk of injury or death that may result from the above named being within any measurable proximity to moving vehicles.

- I acknowledge that within the above addressed physical location there are many sharp corners that may cause injury if my child should engage in any type of behavior that results in my child’s body contacting a sharp corner.
- I willingly acknowledge and accept the risk of permanent injury, death or any other irreparable damage to the body and or mind of the above named client as a result of participation with or being in the presence of any and all structures, located within the physical location or presence of any and all Southlake Autism and Behavior Services or ABELS Academy or Speech and Occupational Specialists, LLC representative.
- I acknowledge and accept that treatment for any and all injuries acquired while in the care of, in the presence of, or on the premises of either Southlake Autism and Behavior Services, ABELS Academy or Speech and Occupational Specialists, LLC or any representative of Southlake Autism and Behavior Services or ABELS Academy or Speech and Occupational Specialists Therapy Group, will be the legal guardian’s sole financial responsibility which may include all emergency care, initial care or future care or ongoing treatment as a result of any injury.
- I willingly acknowledge and accept that Southlake Autism and Behavior Services or ABELS or Speech and Occupational Specialists, LLC representative are non-medical persons and their judgment related to injuries will be based on personal experiences only and if an injury occurs that appears to warrant medical or parental attention by a Southlake Autism and Behavior Services or ABELS Academy or Speech and Occupational Specialists, LLC representative a call to 911 will be placed first and then to the parents.
- If an injury occurs that has the appearance of a bruise as evidenced by redness, swelling or discoloration a frozen compress will be applied. If any degree of a skin break occurs, a material covering will be applied.
- I willingly acknowledge and accept the space below is provided for me to provide my specific instructions to be carried out in the event of an injury and that attempts may be made to carry out such a request:

---



---



---



---

Legal Caregiver	Witness
Date	Date