



Amazing Kidz
Therapy, PLLC

Waiver and Release of Liability

In consideration of the risk of injury while participating in therapy treatment and services (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself and my child, 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 whatsoever arising out of my child's participation in therapy services, in both individual and group settings, and do hereby release and forever discharge Amazing Kidz Therapy, PLLC, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury that my child may suffer as a direct result of their participation in the aforementioned Activity.

I agree to indemnify and hold harmless Amazing Kidz Therapy, PLLC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone else on behalf of my child, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by myself or anyone else on behalf of my child and will be held responsible for any and all financial expenses incurred by Amazing Kidz Therapy, PLLC.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written construed and enforced as so limited.

Childs Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Relationship to Child: _____