



**Super Speech Solutions, LLC**  
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## **Acknowledgement & Assumption of Risk**

I, \_\_\_\_\_ (client or parent/guardian name) understand that I am being asked to carefully read each of the provisions in this form. I acknowledge and agree to have \_\_\_\_\_ (client name) receive therapy services from Super Speech Solutions, LLC or any employee or independent contractor employed by Super Speech Solutions, LLC.

I acknowledge that there are some inherent risks associated with in person visits such as COVID 19. I, \_\_\_\_\_ (client or parent/guardian name) am responsible for telling my Speech Therapist if anyone in my household has contracted COVID 19. If someone does get the virus, then Speech Therapy visits will be postponed until a COVID 19 test is negative.

I understand the risks and I hereby assert that my participation is voluntary and that I knowingly assume such risks without holding Super Speech Solutions, LLC and/or any employee or independent contractor employed by Super Speech Solutions, LLC accountable for any losses, injuries, or other damages occurring to the client and/or myself. I further understand that I am fully responsible for my own safety and well being.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Relationship to Client