

WITHOUT LIMITS ABA THERAPY INC

SENSORY XPLORERS - INTAKE & AGREEMENT



Client Name:

Date of Birth:

Parent/Guardian:

Phone:

Email:

LEGAL AGREEMENT & LIABILITY

By signing below, you acknowledge and agree that participation in services involves inherent risks. You agree to hold harmless Without Limits ABA Therapy Inc and its staff from any liability, except in cases of gross negligence.

You agree to resolve any disputes through binding arbitration in the State of California, waiving the right to pursue litigation in court.

You accept financial responsibility for all services not covered by insurance or third-party payers.

Signature:

Date: