

## WAIVER OF LIABILITY AND ASSUMPTION OF RISK OF CLASSES

Children Progressing Through Play (CPTP) through A Total Healing Solution (ATHS)

Parent/Guardian Name \_\_\_\_\_ (please print)

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ (please print)

The mission of A Total Healing Solution (ATHS) LINKED social skills classes is to increase social skills, physical activity, and overall quality of life in youth with social skills deficits including but not limited to ADHD, autism, learning disabilities, and other developmental disorders. Clients will participate in social skills, physical activity, nutrition, and life skills activities. In Social Skills Groups, ATHS not provide the following services during the skills program sessions: individual or family therapy; medication or medication management; and crisis intervention. I have agreed to allow my child/ward to participate in Social Skills Groups and affirm that my decision and my child/ward's participation are voluntary based upon my own evaluation of the appropriateness of the Social Skills Groups program for my child/ward and my child/ward's appropriateness for the Social Skills Groups.

WAIVER. In consideration for ATHS accepting my child to participate in the Social Skills Groups, I, \_\_\_\_\_, for myself; my child/ward \_\_\_\_\_; and my heirs, personal representatives or assigns, do hereby waive, release, and hold harmless ATHS, its owners, management, staff/externs, and contractors (herein after "ATHS") from all claims of any kind that rise out of my child's participation in the Social Skills Groups program. I hereby discharge ATHS from all liability stemming from our participation in the Social Skills Groups, and covenant not to sue ATHS for all such claims. ASSUMPTION OF RISK: Participation in Social Skills Groups setting including both group skills training sessions, and physical activity inevitably carries with them certain inherent risks that cannot be eliminated regardless of the safety precautions and care taken to avoid injuries. The specific risks vary from one activity to another, but the risks inherent in Social Skills Groups activities range from 1) minor WAIVER OF LIABILITY AND ASSUMPTION OF RISK 2 injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; to (3) catastrophic injuries including paralysis and death. I have read the Social Skills Groups literature, evaluated its appropriateness for my child/ward, and acknowledge that I have had access to ATHS to ask any questions and resolve any concerns. I know, understand, and appreciate these inherent risks and assume sole, exclusive, and full responsibility for my child/ward's injury or harm any manner related to Social Skills Groups and its activities. To minimize risk, I have instructed my child/ward to obey all Social Skills Groups rules, instructions, and staff directions to the best of his/her ability. INDEMNIFICATION AND HOLD HARMLESSACKNOWLEDGEMENT OF UNDERSTANDING: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Emergency Contact 1: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Other adults permitted to pick up your child: 1. \_\_\_\_\_ 2.  
\_\_\_\_\_

PHOTO RELEASE: I give permission for photographs taken of me/my child/ward while participating in Social Skills Groups to be used in marketing/public relations material in the promotion of the classes.

\_\_\_ Initial By signing below, I acknowledge that I have read, understand this waiver of liability, assumption of risk, and agree to its terms.

\_\_\_\_\_  
Signature (of Parent/Guardian if minor)

Date \_\_\_\_\_

Location Not Heald Liable: and hold them innocent for all thoughts, actions, or beliefs that take place at their facility. Valencia United Methodist Church is renting space. ATHS is complete separate from the church and has their own neutral set of beliefs that are separate from the church. In their renting space for this program to be held, they have the expectation that no one who enters the premise may do harm or destruction to the facility, any rooms, or to any person in the group.

Print: Parent/ Guardian Name

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Signature