



## RELEASE OF LIABILITY AGREEMENT

PATIENT NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

By signing, I, \_\_\_\_\_, have read, understood, and agreed to the following statements:

- I understand and agree that participation at *Limitless Pediatric Therapy* may put my child at-risk of potential exposure and contraction of COVID-19 at any time.
- I assume any risk of harm in potential exposure and contraction of COVID-19, which might occur during my child's participation during therapy at *Limitless Pediatric Therapy*.
- I agree to release the organization and their employees and will hold them harmless from any liability, which may arise from the potential exposure and contraction from COVID-19.
- I release *Limitless Pediatric Therapy* from the costs and medical fees that may arise from participation in selected therapy services in which my child participates.

\_\_\_\_\_  
Signature of the Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

