

Client Consent Form – Non-Therapy Programs

Child Name (first, last): _____

Parent/Guardian Name: _____

Date Signed: _____



Phone 269-254-8130 | Fax 866-376-0467
www.santoshawellnesskzoo.com

Please read all the following information carefully and sign/initial where indicated.

I acknowledge that all information I have provided about my child is accurate and true.

Signature: _____ Date: _____
Parent/Guardian

Payment Guarantee and Financial Policy

I understand that I am financially responsible for payment of all services rendered. Santosha Wellness, LLC will work with me as best they can, however if I become delinquent on my account for more than 30 days and am not actively paying towards the balance, I understand that I will be removed from the schedule and sent to collections.

I also understand that there will be a \$25 service charge for all returned/bounced checks.

I further understand that this agreement is binding regardless of any legal transaction currently in progress or initiated during or after the course of my child's treatment unless agreed to in writing by myself and a representative of Santosha Wellness, LLC.

Signature: _____ Date: _____
Parent/Guardian

Closure, Cancellation, and No-Show Policy

If inclement weather or other unanticipated event warrants the closure of Santosha Wellness, LLC, all scheduled clients will be notified via phone, text message, and/or email as well as all social media accounts (ie. Facebook) no later than 7:00am of that business day.

If Kalamazoo Public Schools are closed due to inclement weather such as a Snow Day, Santosha Wellness will also be closed. In this event, each individual family will not be notified; they instead are expected to be aware of this policy and can see updates on our social media accounts for closures.

Santosha Wellness, LLC will be closed for the following major holidays:
Memorial Day, Fourth of July, Labor Day, Thanksgiving and the day after, and December 24-January 1 in observance of the holidays.

Signature: _____ Date: _____
Parent/Guardian

Waiver Form

I, _____, the parent/guardian of _____ (thereafter referred to as "my child") give permission for my child to participate in Santosha Wellness, LLC programs and Services.

I hereby release Santosha Wellness, LLC principal owners, therapists, employees, and representatives and all other individuals or organizations acting on behalf of Santosha Wellness, LLC from any and all claims which I or my child may have, resulting from or in connection with my child's participation in Santosha Wellness, LLC programs. This includes, but without limitation, any claim, demands or causes of action for injuries to my child, including but not limited to injuries resulting from the use of play/therapy equipment during the program at Santosha Wellness, LLC or sponsored by Santosha Wellness, LLC in the community.

I understand that I should be present at all times during delivery or service to my child. If I choose not to, I understand that the aforementioned statements still apply in my presence or absence during the services provided. This agreement is signed for the purpose of fully and completely releasing, discharging, and indemnifying Santosha Wellness, LLC in connection with their programs from all liability as herein described.

Signature: _____ Date: _____
Parent/Guardian

Photography Release

I understand that as a participant of any program offered at Santosha Wellness, LLC, my child may be photographed while participating in said program to publicly promote Santosha Wellness and its programs. I consent that these photographs may be used on social media platforms (website, Facebook) or other editorial, promotional, or advertising material produced by and/or published by Santosha Wellness without compensation.

Signature: _____ Date: _____