

NeuroRoots Summer Programs

Liability Waiver & Participation Agreement

Where growth begins at the roots.

Thank you for choosing NeuroRoots Summer Programs. Our goal is to provide safe, supportive, neurodivergent-friendly experiences that encourage creativity, confidence, social connection, emotional growth, independence, and community engagement.

Please carefully read and complete the following agreement.

Participant Information

Student Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Program Participation Agreement

I acknowledge that NeuroRoots Summer Programs are supportive, community-centered enrichment programs and are not therapy services, medical providers, behavioral treatment programs, special education placements, or crisis intervention settings.

I understand that participation may involve:

- Physical movement and activity
- Group participation
- Creative projects and hands-on activities
- Outdoor transitions or movement between activities
- Use of art supplies, technology, tools, and equipment
- Social interaction with peers and facilitators
- Community-based experiences and outings (when applicable)

I acknowledge that participation in these activities carries inherent risks, including but not limited to accidental injury, illness, emotional distress, allergic reactions, or property damage.

I voluntarily allow my child to participate in NeuroRoots Summer Programs and accept all reasonable risks associated with participation.

Parent/Guardian Initials: _____

Medical Authorization

I certify that my child is physically and emotionally able to participate in program activities.

I understand it is my responsibility to inform NeuroRoots of:

- Medical conditions
- Allergies
- Behavioral concerns
- Emotional regulation needs
- Sensory sensitivities
- Medications
- Accommodations or support needs

In the event of an emergency, I authorize NeuroRoots staff to obtain emergency medical care for my child if I cannot be reached immediately.

I understand that I am financially responsible for any resulting medical treatment.

Parent/Guardian Initials: _____

Medical Information & Emergency Contacts

Primary Physician Information

Physician Name: _____

Physician Phone Number: _____

Medications & Emergency Supplies

Please list any medications your child may take during program hours or any emergency medications/supplies that may be needed (e.g., EpiPen):

Emergency Contact #1

Name: _____

Relationship to Student: _____

Phone Number: _____

Emergency Contact #2

Name: _____

Relationship to Student: _____

Phone Number: _____

Medication Administration Acknowledgement

I understand that NeuroRoots staff do not provide medical treatment, therapy services, or clinical care.

If emergency medication is required during program hours, I agree to provide clear written instructions and all necessary medication supplies.

I understand that NeuroRoots reserves the right to determine whether medical or support needs can be safely accommodated within the program environment.

Parent/Guardian Initials: _____

Assumption of Risk & Release of Liability

I understand and acknowledge that participation in NeuroRoots Summer Programs involves inherent risks.

On behalf of myself and my child, I voluntarily assume all risks associated with participation.

I hereby release, waive, discharge, and hold harmless NeuroRoots Community Learning Center, its owners, employees, contractors, volunteers, facilitators, and affiliated locations from any claims, liabilities, demands, damages, injuries, losses, or causes of action arising out of

participation in NeuroRoots programming, except in cases of gross negligence or intentional misconduct.

This release includes, but is not limited to:

- Personal injury
- Illness
- Emotional distress
- Accidents
- Loss or damage to personal belongings
- Injuries resulting from participation in activities

Parent/Guardian Initials: _____

Behavioral & Safety Expectations

NeuroRoots strives to create a supportive, inclusive, and emotionally safe environment for all participants.

Students are expected to:

- Treat others respectfully
- Maintain safe behavior
- Follow facilitator directions when safety is involved
- Respect personal boundaries and materials
- Participate appropriately within the group setting
- Engage safely with peers and staff
- Function successfully without continuous one-to-one support

I understand that NeuroRoots reserves the right to remove a student from programming if behavior presents a safety concern for themselves or others.

Parent/Guardian Initials: _____

Photo & Media Release

I give permission for NeuroRoots to photograph or record my child during programming for the following purposes:

- ☐ Social Media
- ☐ Website Use
- ☐ Marketing Materials

☐ Printed Materials

☐ I do NOT give permission for photos or recordings

I understand that student names and personally identifying information will not be shared publicly without additional consent.

Parent/Guardian Initials: _____

Attendance & Payment Policy

I understand and agree that:

- Registration fees are non-refundable.
- Tuition is due prior to participation.
- Missed sessions are not eligible for refunds.
- Make-up sessions are not guaranteed.
- Enrollment is secured only after payment and completed paperwork have been received.

Parent/Guardian Initials: _____

Mandatory Reporting (Arizona Law)

I understand that NeuroRoots staff members are mandated reporters under Arizona law.

Confidentiality may be broken if there is reasonable suspicion of abuse, neglect, exploitation, or imminent harm, as required by law.

Parent/Guardian Initials: _____

Illness Policy

Students experiencing fever, vomiting, diarrhea, contagious illness, or symptoms that may impact group safety should remain home until symptom-free for at least 24 hours.

Refunds and make-up sessions are not provided once a session has begun.

NeuroRoots reserves the right to request that a student be picked up if illness symptoms arise during program hours.

Parent/Guardian Initials: _____

Withdrawal Policy

I understand that a 30-day written notice is required for withdrawal from ongoing programs.

Parent/Guardian Initials: _____

Late Pick-Up Policy

I understand that a 10-minute grace period is provided after dismissal.

A late pick-up fee of \$25 may apply after the grace period.

Repeated late pick-ups may impact continued enrollment due to staffing and scheduling requirements.

Parent/Guardian Initials: _____

ESA Funding Agreement

If using Arizona ESA funds, I understand it is my responsibility to:

- Ensure eligibility for reimbursement
- Submit required documentation
- Maintain compliance with ESA guidelines

NeuroRoots is not responsible for denied reimbursements resulting from parent submission errors, funding delays, or ESA policy changes.

Parent/Guardian Initials: _____

Authorization & Signature

By signing below, I acknowledge that:

- I have read and understand this agreement.
- I voluntarily agree to all terms listed above.
- I authorize my child to participate in NeuroRoots Summer Programs.
- The information provided is accurate to the best of my knowledge.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____