



## Acknowledgement & Assumption of Risk

- I, \_\_\_\_\_, (client or parent/guardian name) understand that I am being asked to carefully read each of the provisions in this form. I acknowledge and agree to have \_\_\_\_\_ (client name) receive therapy services from Play OnWords Therapeutic Services, LLC and/or any employee or independent contractor employed by Play OnWords Therapeutic Services, LLC.
  
- I acknowledge that there is some inherent risks associated with the use of therapy equipment (e.g., swing, rock wall) that cannot be eliminated regardless of the care taken to avoid injuries.

I understand the risks and I hereby assert that my participation is voluntary and that I knowingly assume such risks without holding Play OnWords Therapeutic Services, LLC and/or any employee or independent contractor employed by Play OnWords Therapeutic Services, LLC accountable for any losses, injuries or other damages occurring to the client and/or myself.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal Guardian

\_\_\_\_\_  
Relationship to Client