

**RELEASE
OF
LIABILITY
WAIVER**

I understand the program offerings and expectations coordinated by Bridge a Life, Inc. and provided by Kristen A Bohan and consent to the use thereof in providing treatment for my child. I acknowledge that it is my responsibility to inform my child's physician that my child is participating in this treatment. I confirm that my child's physician is aware of my child's participation in Occupational Therapy. I voluntarily request that Kristen A Bohan provide treatment for my child. I acknowledge the risks / potential risks of engaging in the Occupational Therapy program, which are similar to the risks of play and activities of daily living. After considering the inherent risks, I feel that the possible benefits are greater than the possible risks. I voluntarily assume the risk for my child. I hereby as parent or legal guardian intending to be legally bound, for myself, my heirs and assignees, executors or administrators, waive and release forever any and all claims for damages against Bridge a Life, Inc., Kristen A Bohan, its therapists, volunteers employees, referring entities, subcontractors, property owners upon whose land the services are conducted, for any and all injuries and / or losses I or my child may sustain while voluntarily participating in the Occupational Therapy program. I understand that Kristen A Bohan wishes to take reasonable steps to maintain the safety and well being of its participants. I confirm that I have disclosed all medical conditions of my child that may be affected in any way by the treatment. I acknowledge that I am responsible for updating this release if the medical condition of my child changes. I acknowledge that I have been given sufficient time to ask questions, if any, concerning the nature and scope of this agreement. I have read the entire agreement and agree to it.

Child's
Full
Name

Parent/Guardian
Name & Signature

Child's
DOB

Date
