

Kids Therapy, Ltd.

**1860 W. Winchester Rd., Suite 108
Libertyville, IL 60048**

**22285 Pepper Rd., Suite 301
Lake Barrington, IL 60010**

Therapy and Special Program Waiver

Please read this form carefully and be aware that by enrolling your child in therapy and/or special programs offered by Kids Therapy, Ltd., you will be waiving and releasing all claims arising out of therapy or special programs. In consideration to Kids Therapy, Ltd. for providing therapy or special programs and accepting my child as a participant, I agree to the following:

Acknowledgement/Assumption of Risk of Injury

I have fully informed myself of all of the details of Kids Therapy, Ltd's therapy and special programs and have received satisfactory answers to all questions I have concerning the therapy and the special programs and the risks inherent thereof. I recognize and acknowledge that the therapy and special programs may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages and losses that my child may sustain as a result of participating in any and all activities connected with or associated with such therapy and special programs.

Waiver and Release of Claims for Injury

I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against Kids Therapy, Ltd., and their officers, agents, servants and employees, arising out of, connected with or in any way related to, the therapy and special programs or my child's participation therein.

Indemnity and Defense

I hereby further agree to indemnify and hold harmless and defend Kids Therapy, Ltd. and their officers, agents, servants, and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the therapy and special programs or my child's participation therein. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservations.

Child's Name

Date

Parent or Guardian's Signature