

Blast Off Children's Therapy Services, Inc.

9520 Padgett Street, Suite 104 • San Diego, CA • 92126 • Phone: 858.866.8133 • Fax: 858.999.2002

WAIVER OF LIABILITY

We at Blast Off Children's Therapy Services, Inc. are committed to providing a safe and comfortable environment for all of our clients. However, we DO NOT assume responsibility for the supervision of minors or dependent adults. Therefore, the responsible agent for a minor child or dependent adult brought to Blast Off Children's Therapy Services, Inc. by their signature hereon, expressly saves and holds harmless the personnel of Blast Off Children's Therapy Services, Inc. for any consequences that might arise as a result of medical condition(s) known, unknown, disclosed or undisclosed, while they are attending a regularly scheduled appointment.

It is imperative that minor children and dependent adults never be left unsupervised during your visit to our clinic. Should the responsible agent of the minor child or dependent adult leave the premises for any reason, they remain solely and completely responsible for the supervision and care of the minor child or dependent adult in their charge. Therefore, as a responsible precaution, we request that you remain at our offices for the duration of the scheduled appointment.

Nevertheless, should a medical emergency arise in your absence, we will exercise due diligence to notify the emergency personnel whom you have requested be contacted should such an incident occur. Notwithstanding our commitment to contact the personnel identified below, should we be unable to do so, the staff of Blast Off Children's Therapy Services, Inc. will use their best judgment to ensure the safety of our clients. We will do this by acting in a manner that we believe is appropriate given the circumstances at hand.

We at Blast Off Children's Therapy, Inc. have adopted this policy solely for the protection of your child and/or dependent adult. Therefore, we request that you make your best effort to assist us in ensuring the safety of your child and/or dependent adult by abiding by the specific provisions contained herein and by being responsive to the intent expressed and implied in this Waiver of Liability policy.

Should a medical emergency occur, I request that the personnel of Blast Off Children's Therapy Services, Inc. notify the following person(s)/agency(ies):

Name	Relationship	Phone #1	Phone #2

Signature of Parent /Guardian/Responsible Party

Date