



Release and Waiver of Liability and Indemnity Agreement

LEAPS AND BOUNDS, LLC

Participant name(s) _____, _____, (the "Child" or "Children")

1. The undersigned further understand(s), acknowledge(s), and agree(s) that it is extremely important not to allow any child to participate in therapy activities if they are sick or exhibiting any signs or symptoms of illness or if they have been exposed to anyone with the virus in the last 14 days. The undersigned expressly agree(s) to immediately notify the child's therapist if any child has any signs or symptoms of illness.
2. The undersigned hereby assumes all of the risks of receiving occupational therapy services, including by way of example and not limitation, any risks that may arise from contracting COVID-19 from the staff or other clients at the clinic.
3. The undersigned accepts that children may be in close contact with adults if assistance is needed in order to perform the activities (i.e., help holding utensils correctly or climbing on and off equipment safely) and that the attached precautions are the ones being used for the office.
4. The undersigned accepts that the child's temperature will be taken each day at drop-off and that the children will be monitored for symptoms including: difficulty breathing, coughing, fever, headache, stomach ache/diarrhea, or fatigue.

I HAVE READ AND AGREE TO THE TERMS OF THIS RELEASE & PERMISSION.:

Custodial Parent /Guardian Signature

Custodial Parent /Guardian Signature

Printed Name - Date

Printed Name - Date



COVID-19 Precautions

1. All children must have their temperature taken before they leave the house and when they enter the building.
2. All staff will wear masks and children will be encouraged to wear masks.
3. All children will use hand sanitizer at the beginning and end of the treatment sessions.
4. All children will bring their own small toys to the session in a ziplock bag. The bag will then go home with the child to be cleaned.
5. In the case that a child needs to use the bathroom, they will be required to use hand sanitizer before and after entering the treatment room and the bathroom will be wiped down/sanitized immediately before and after they use the bathroom. PLEASE make sure your child uses the bathroom right before they leave for their treatment session.
6. All of the surfaces of equipment used (i.e., mats, scooterboard, balls, trampoline) will be wiped down at the end of each session. The ball pit will not be in use at this time.
7. A HEPA filter will be used in the treatment room and the windows will remain open.
8. There will only be one child allowed in the treatment room at a time. At the start of the treatment time, the child's therapist will walk downstairs and either meet the child on the sidewalk or take them out of the car. The parents/caregivers will be parked out front at 50 minutes past the hour and the therapist will bring the child down. No one is allowed in the therapy room or waiting room.
9. If anyone comes into contact with a person who tests positive for COVID-19, they will be required to stay home for 2 weeks.



WAIVER AND RELEASE OF LIABILITY FORM CLIENT NAME:

DATE: _____

PARENT/GUARDIAN NAME: _____ Service

Provider/Company: Leaps and Bounds, LLC evaluation and therapy

I, On BEHALF OF MYSELF AND MY DEPENDENTS, HEREBY ASSUME ALL OF THE RISKS OF REQUESTING THIS SERVICE, including by way of example and not limitation, any risks that may arise from contracting COVID-19 from my Service Provider, gross negligence, negligence or carelessness on the part of the Service Provider and releasing my Service Provider from any and all liability from any medical condition, viruses of the Service Provider and contracting such viruses from the Service Provider. This Waiver and Release of Liability covers any negligence or gross negligence in relation to exposing me or my dependents to the COVID-19 virus from Service Provider while visiting my home or the inside and outside facilities for Leaps and Bounds, LLC.

I am responsible for determining whether I am physically and medically able to allow the Service Provider into my home and provide Services. I am responsible for determining whether a physical or medical examination should be undertaken before I or my dependents participate in the services being provided and I will abide by any determination, limitation or recommendation that may be issued by any medical or health provider. Before, during and after services, I am

solely responsible for determining my and my dependent's health and physical status and whether I or my dependents can or should discontinue my participation in the services, or take other actions, to protect my own, and my dependents, health or safety. Service Provider assumes no duty to me or my dependents to ensure my physical or medical ability to participate in the services, whether before, during, or after the services.

I acknowledge that this Waiver and Release of Liability Form will govern my actions and responsibilities at said services, activities or events.

In consideration of providing services to me and/or my dependents, I hereby take action for myself, dependents, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event THE FOLLOWING ENTITIES OR PERSONS: Service Provider and its directors, officers, employees, representative, and agents;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or person mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this service, activity or events, whether caused by the negligence of release or otherwise. My and my descendant's participation in the services is voluntary. I acknowledge that Service Provider and its directors, officers, employees, representatives, and agents are NOT responsible for the contamination, errors, omissions, acts or failures to act of any party or entity conducting or providing the services.

I acknowledge that this activity, event or services may carry with it the potential for death, serious injury, and property loss. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL ON BEHALF OF MYSELF AND CLIENT .

Print Name of Print Guardian/Parent _____ Date_____

Signature_____

