

Acknowledgement of Risk

I, _____ acknowledge and agree to have my child, _____ receive occupational therapy services with any of the therapists at Leaps and Bounds, LLC. I acknowledge that there is some risk inherent in the use of the therapy equipment. I agree to indemnify and hold any of the therapists at Leaps and Bounds, LLC harmless from any and all losses and claims for any injuries or other damages occurring to myself, my child, or our belongings.

Signature

Date