PARENT CONSENT FOR CHILD'S VOLUNTARY PARTICIPATION, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Student's Name: _____ Birthdate: _____
                   Last   First   Middle

Address: _____ Phone:_____
         Number/Street   City   Zip

Parent/Guardian Name: _____ Phone: _____

EMERGENCY Contacts: 1._____ Phone: _____
(If unable to reach parent) 2._____ Phone:_____
                            Names / Relationships

Doctor's Name: _____ Phone: _____
Name of Medical Insurance Carrier: _____ Phone: _____
Policy Number: _____ Effective Date: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I voluntarily give my consent to have my child,_____,
                                        (Please fill in child's name)

attend this class taught by _Becca Yuré, M.Ed., BCBA_ .
                       (Please fill in provider's name)

I, _____, the parent/guardian, hold the provider, _Becca Yuré, M.Ed., BCBA___,
    (Please fill in parent's name)   (Please fill in provider's name)

harmless and indemnify this provider against any losses, liabilities, and claims arising out of or relating to the

treatment or care of my child, _____.
                        (Please fill in child's name)

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE PROVIDER, _Becca Yuré, M.Ed., BCBA_, from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in classes taught by Becca Yuré, M.Ed., BCBA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the provider from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in the classes taught by Becca Yuré, M.Ed., BCBA.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in classes taught by Becca Yuré, M.Ed., BCBA and
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. This written agreement supersedes all oral representations, statements or inducements.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

√ _____ _____
    Signature of Parent or Guardian   **Date**