

Eastern Therapy Sensory Gym Policy/Consent Form

Sensory/Pediatric Gym Release Waiver and Assumption of Risk

I (insert name) _____ hereby give my consent for my child/dependent to participate in the sensory gym at Eastern Therapy Solutions, PLLC. I am fully aware that participation in the sensory gym presents a risk of injury during treatment and evaluations. I am fully aware of and release liability of any damages that might occur as a result of my child's participation in or attendance at Eastern Therapy Solutions, PLLC. Nonetheless, I, on my own behalf of my child/dependent do hereby release, indemnify and agree to hold harmless Eastern Therapy Solutions, PLLC and all persons or entities associated with Eastern Therapy Solutions, PLLC from any responsibility or liability for any and all claims, costs, demands, damages, losses, causes of actions and expenses (including, without limitation, reasonable attorneys' fees) arising out of or resulting from my child's involvement with any therapy treatments or evaluations, including without limitation, any personal injury, disability, property damages, or property losses incurred by me or my child during or as a result of treatments or evaluations conducted by Eastern Therapy Solutions, PLLC. I understand that the participant's family medical insurance policy must cover any medical costs incurred in case of an accident, or be held personally responsible, in the instance that the participant's family is not covered under a health insurance policy.

Sensory Gym Rules:

- ★ Sanitization of hands required prior to entering the gym
- ★ No shoes to be worn in the gym, with the exception of shoes needed for orthotics
- ★ No food, drink or gum allowed in the sensory gym
- ★ Siblings are not allowed on any equipment, if present during evaluations or treatments
- ★ All children and families must be accompanied by a therapist when in the sensory gym

We kindly ask that parents/guardians remain seated in the chairs located in the gym, when observing their child's/dependent's treatment or evaluation. Use of the equipment and mats are reserved for the treating child and therapist only.

By signing this form, I agree to the Sensory Gym Release Waiver and Assumption of Risks

Patient/Guardian's Name: _____ Date: _____

Signature: _____