



A 501(c)(3) Non-Profit Organization / Tax ID: 27-5399175  
1337 E. Thousand Oaks Blvd. #202 Thousand Oaks, CA 91362  
Phone: 805.379.1681 / Fax: 805.379.1682  
Email: [info@center4specialneeds.org](mailto:info@center4specialneeds.org) / Website: [www.center4specialneeds.org](http://www.center4specialneeds.org)

## Center4SpecialNeeds Release and Waiver of Liability

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

This is a legally binding Consent Form and Release of Liability made voluntarily by me (or legal guardian), the undersigned, on my own behalf, and on the behalf of my heirs, executors, administrators and legal representative.

The undersigned hereby assumes all risks associated with accidents and/or injury while attending the Saturday Play Group.

The undersigned hereby agrees that for the sole consideration of C4SN (Center4SpecialNeeds), allowing the undersigned to participate in the above named activity for which or in connection with which C4SN has made available any equipment, facilities or personnel for such programs or activities, the undersigned does hereby release and forever discharge C4SN, its founder/CEO individually, and its board members, officers, agents, employees, contractors, and volunteers of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above-named activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician and/or medical personnel any treatment deemed necessary for the participant's immediate care.

In signing this, I understand Interns/trainees will in part be facilitating under the supervision of a licensed clinician.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, and I hereby fully and forever release and discharge C4SN, its officers and employees, from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for the duration of the train session stated above.



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Parent Initial:

\_\_\_\_\_ **Release and waiver of Liability**

I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.

**EXCEPTION OF CONFIDENTIALITY:** Although Center4SpecialNeeds, its Clinicians, Interns and Trainees adhere to confidentiality standards and thus will not release any information to others without signed consent, there are exceptions which arise from certain California legal mandates. These exceptions are: 1) the necessity of reporting to authorities without the client's consent, any information which may indicate the presence of child abuse, neglect or endangerment, either physical, sexual in nature; 2) when it appears the client or a person known to the client intends to harm another person. The clinician, intern or trainee has a duty to warn the intended victim and the authorities; 3) when it appears evident the client will most probably make a suicide attempt, appropriate steps will be taken to prevent such an attempt.

In each of the above cases, an attempt will be made to inform the Client when a report is going to be made. The undersigned acknowledges that he/she has read and understands the foregoing provisions.

Signature : \_\_\_\_\_

Print Name : \_\_\_\_\_

Parent/Guardian of : \_\_\_\_\_