



**OFF-SITE SESSION CONSENT FORM**

I am the parent/guardian of \_\_\_\_\_ (the “Child”). I am aware that Redmond Speech & Language (RSL) is able to provide treatment sessions to my Child in my home/school/childcare (referred to herein collectively as “Off-Site Sessions”) environment as a convenience to our family and is driven by therapeutic need assessed on a case by case basis.

By my signature below, I hereby grant permission for RSL to provide Off-Site Sessions to my Child in my home/school/childcare environment. I further understand, acknowledge, and agree that: (1) Off-Site Sessions may not always be available and depend on the availability of Therapists; (2) if, in RSL’s judgment, Off-Site Sessions prove to be counterproductive to therapeutic goals, RSL may cease Off-Site Sessions and resume therapy solely at the RSL clinic; (3) even while participating in Off-Site Sessions, my Child may need to be seen at the RSL clinic for specific therapeutic activities; (4) time spent with my Child during Off-Site Sessions will not exceed the time allotted for therapy (e.g., 30 minutes); (5) if the Therapist arrives at the location designate for an Off-Site Session and the Child is not present, RSL will charge my account a travel fee of \$30.

I further agree that the day of any scheduled Off-Site Session, I will (1) evaluate the health of my Child to confirm that my Child is not experiencing any symptoms of illness or registering a fever; and (2) promptly notify RSL of the need to cancel the Off-Site Session if my Child is experiencing any symptoms of illness or registering a fever. For in-home Off Site Sessions, I further agree that I will confirm the health of all household members and cancel the in-home Off-Site Session if any member of my household is experiencing any symptoms of illness or registering a fever.

I understand that RSL Therapists will assess their health prior to any Off-Site Session to confirm that he/she is not experiencing any symptoms of illness or registering a fever. I further understand that, if the Therapist is experiencing any symptoms of illness or registering a fever, the Therapist will notify me of the need to cancel the Off-Site Session as soon as is reasonably possible. I further understand that, even with mitigating measures, On-Site Sessions include possible exposure to and illness from infectious diseases including, but not limited to MRSA, influenza, and COVID-19.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

For myself, the Child, my spouse, any other guardian or parent of the Child, hereby freely and knowingly (a) assume all risks, both known and unknown, even if arising from the negligence of the Releasees (as defined below) or others, and assume full responsibility for the Child’s participation in the Off-Site Sessions described above; (b) release and hold harmless RSL, its directors, officers, agents, employees, independent contractors, volunteers (“Releasees”), with respect to any and all injury, disability,



exposure to and illness from infectious diseases including, but not limited to MRSA, influenza, and COVID-19, death or loss or damage to person or property incident to my Child's involvement or participation in the Off-Site Sessions described above, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. The scope of this release includes liability for any injuries or damages arising from the provision of any first aid and/or medical treatment arising out of the Child's participation in the Off-Site Sessions; (c) agree to indemnify and hold harmless all the above Releasees from any and all liabilities incident to the Child's involvement or participation the Off-Site Sessions described above, including, but not limited to attorneys' fees required to interpret and/or enforce this Agreement, even if arising from their negligence, to the fullest extent permitted by law.

**I, FOR MYSELF, MY SPOUSE AND THE CHILD, ACKNOWLEDGE AND AGREE BY SIGNING BELOW THAT (A) I/WE HAVE READ THIS OFFSITE SESSION CONSENT FORM, INCLUDING THE ASSUMPTION OF RISK AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT; AND (B) I/WE HAVE LEGAL AND BINDING AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF MYSELF, MY SPOUSE AND THE CHILD.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Phone (circle: cell/home/work): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_