Parent/Guardian Consent, Assumption of Risk, and Release of Liability

I give permission for my child to participate in the activities offered by Center for Pediatric Therapy ("CPT"). I understand that participation may include age-appropriate games, movement activities, crafts, and other social and recreational experiences.

I understand that Center for Pediatric Therapy takes reasonable precautions to provide a safe and supportive environment for all participants. I acknowledge the inherent risks associated with children's group activities and voluntarily accept those risks on behalf of my child. To the fullest extent permitted by law, I agree not to hold Center for Pediatric Therapy, its owners, employees, contractors, or volunteers responsible for injuries or damages arising from my child's participation in the activities at CPT.

Medical Care

I certify that my child is medically able to participate in the group activities. In the event of an illness or injury, I authorize CPT staff to obtain appropriate emergency medical care for my child if I cannot be reached immediately. I understand that I am responsible for any medical expenses incurred.

Insurance

I understand that Center for Pediatric Therapy does not provide medical or health insurance coverage for participants. I am responsible for maintaining appropriate health insurance coverage for my child.

Photo & Video Permission

During our groups and special activities, we may take photos or short videos to celebrate the fun our participants are having and to share information about our programs with other families.
With your permission, your child's photo or video may be used on:

- Center for Pediatric Therapy's website
- Center for Pediatric Therapy's social media pages (such as Facebook and Instagram)
- Printed brochures, newsletters, or other informational materials

We will never share your child's last name or other personal identifying information without your additional written permission.

Please select one:

☐ **YES**, I give Center for Pediatric Therapy permission to photograph and/or record my child and use these images or videos for the purposes described above.

☐ **NO**, I do not give Center for Pediatric Therapy permission to photograph or record my child for promotional or informational purposes.

I understand that I may change my decision at any time by notifying Center for Pediatric Therapy in writing. Any request to withdraw permission will apply to future use and cannot remove images or videos that have already been published.

Parent/Guardian Acknowledgment

By signing below, I acknowledge that I have read and understand this Consent, Assumption of Risk, and Release of Liability, and I voluntarily agree to its terms on behalf of my child.

Parent/Guardian Name: _____ Child's Name: _____

Signature: _____ Date: _____