



FAULKNER UNIVERSITY CENTER FOR THERAPY AND RESEARCH

Waiver of Liability and Indemnification

Acknowledgement and Assumption of Risk

I am aware of the dangers and the risks to my person involved in participating in Counseling, SLP, PT, and/or OT clinical services at the Faulkner University Center for Therapy and Research. I understand that this activity involves certain risks for physical or mental injury.

I also understand that there are potential risks of which I may not presently be aware. Because of the dangers of participating in this activity, I recognize the importance and agree to fully comply with the applicable laws, policies, rules, and regulations, and any clinician or student-clinician instructions regarding participation therapeutic activities.

I understand that Faulkner University and the Faulkner University Center for Therapy and Research have no responsibility or liability for injury resulting from any therapy. I voluntarily elect to participate in Counseling, SLP, PT, and/or OT therapy with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in free clinical services at the Faulkner University Center for Therapy and Research, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

a) waive, release, and discharge Faulkner University and its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and

b) agree to defend, indemnify, and hold harmless the Faulkner University Center for Therapy and Research, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Patient Name (Print) _____

Patient/Guardian Signature _____ Date _____