

Liability Release: I understand that my child will be participating in speech therapy at Miracle Farm Speech Therapy. I assume all risks of injuries arising from participation. I release, indemnify, and hold harmless Miracle Farm Therapy and its Associates and Miracle Farm Speech Therapy from any claim, suit, demand, or action in connection with my child's participation in speech therapy sessions.

I have read and accept Miracle Farm Speech Therapy's Policy Statements.

Signature of Parent or Guardian: _____

Date:

Print Name: _____