



Club Spectrum ABA

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Orlando, FL

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Release of Liability

I understand that it is preferred that I or another parent/guardian be at home during therapy hours; however, due to work and therapy schedules this may not be possible. I, _____, give permission for the employees of Club Spectrum ABA to work with my child, _____, alone at home. I understand that the employees of Club Spectrum ABA are responsible only for the aforementioned child and not for any other child in the home. If an accident occurs while my child and the Club Spectrum ABA employee are alone, I release Club Spectrum ABA (and its employees) from any liability. I understand that I will be contacted immediately if an accident occurs.

If my child will not be home alone, I am designating responsibility of care to

_____. This releases CSABA staff from any liability or responsibility of my child's care while I am not home.

- *I am releasing liability for:*
 - *Club Spectrum ABA employee to be home with my child without my presence_____*

Printed Name

Parent/Guardian Signature

Date

Club Spectrum ABA Representative