



# SPECTRUM Services

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## Liability Release

Client Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Name of Person Completing Form (if different from applicant): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

I, the undersigned, hereby acknowledge that the client's participation in Spectrum activities is voluntary. In consideration for being allowed to participate in Spectrum activities, the undersigned agrees to the following:

I, hereby release and discharge Spectrum; their insurance carriers; their legal representatives; their present and former managers, directors, officers, employees, agents, volunteers, contractors, affiliates and successors ("Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential sustained while participating in, attending, preparing for or traveling to or from and Spectrum program and activity.

I understand that Spectrum is providing recreational services as part of the Spectrum activities and programs and may not be held liable for defective products.

I understand and acknowledge that participation in any activity comes with potential risk of injury, death, damage, loss, accident, delay or expense.

In consideration of the client's participation in the activities or program offered by Spectrum, I understand and expressly and voluntarily assume all risk and agree that Spectrum, its officers, employees, agents, volunteers, contractors, affiliates and successors ("Releasees") will not be liable for any injury including, without limitation, personal bodily or mental injury, economic loss or damage to you or your minor child resulting from the negligence of Spectrum or anyone on Spectrum's behalf or anyone else whether related to participation in the Spectrum activities and programs or not.

I understand that at times Spectrum provides training opportunities to non-Spectrum personnel and accepts volunteers and interns to work with our students. All persons working and volunteering with Spectrum clients are required to sign confidentiality agreements concerning any information they may have about clients as a result of their training and activities at Spectrum.

I understand that if I choose not to sign this release, my child will not be allowed to participate in the activities or programs offered by Spectrum.

I understand that I have the right to revoke this release at any time. I understand I must do so in writing and present my written revocation to the client records department of Spectrum. Unless otherwise revoked, this release will automatically expire 2 years from today's date.

By signing below, you agree to the terms of this release of liability and assumption of risk on behalf of yourself and your child. You also represent that you are the parent, legal guardian or adult client of the program participant for which this release is being prepared.

\_\_\_\_\_  
Signature of Adult Client / Parent / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Adult Client / Parent / Legal Guardian