



*Coral Gables, FL 33146 • Tel: 786-531-8841 • Email: selfexpressionstx@gmail.com*

## **Acknowledgement & Assumption of Risk**

☐ I, \_\_\_\_\_ (client or parent/guardian name) understand that I am being asked to carefully read each of the provisions in this form. I acknowledge and agree to have \_\_\_\_\_ (client name) receive therapy services from Self-Expressions Therapy and/or any employee or independent contractor employed by Self-Expressions Therapy.

☐ I acknowledge that there is some inherent risks associated with the use of therapy equipment that cannot be eliminated regardless of the care taken to avoid injuries.

Some of unlikely but potential injuries include:

\_\_\_\_\_  
\_\_\_\_\_

I understand the risks and I hereby assert that my participation is voluntary and that I knowingly assume such risks without holding Self-Expressions Therapy and/or any employee or independent contractor employed by Self-Expressions Therapy accountable for any losses, injuries or other damages occurring to the client and/or myself. I further understand that I am fully responsible for my own safety.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Relationship to Client