

RELEASE OF CLAIMS

Rehabilitation Center for Neurological Development & Nicholas School

The undersigned, parent/guardian/spouse of _____, ____ years of age, a child/adult in need of special care, in consideration of the care and special training to be furnished to and for said child/adult by the Rehabilitation Center for Neurological Development and/or Nicholas School (hereinafter called "Center/School") do hereby release and discharge the said Center/School and all employees, agents and volunteer workers of the Center/School (hereinafter called "Staff") from any and all claims, demands and causes of action which we might have against the Center/School or Staff whether on or off the premises of said Center/School.

And we, as parent/guardian/spouse, do voluntarily assume all risks of accidents or damage to the person and property of said child/adult and agree and covenant with the Center/School and Staff that we will not, nor will anyone claiming through us hereafter, bring or cause to be brought any suit either at law or in equity in any court in the United States or any state thereof against said Center/School or Staff for or on account of or arising out of or in any way connected with any injuries or damages which might be suffered by us as such parents/spouse or by said child/adult at any time.

We further, as parent/guardian/spouse, agree to indemnify and hold harmless the said Center/School and Staff from any claims which might otherwise be made against them by reason of such care.

***Client/Student Name** _____

I have read the above statement and fully understand the contents therein.

Signature of Parent/Guardian/Spouse/Client

Signature

Date

**Rehabilitation Center for Neurological Development
1306 Garbry Road, Piqua Ohio 45356**

