



### Acknowledgement of Risk

I, \_\_\_\_\_ acknowledge and agree to have my child, \_\_\_\_\_ receive occupational therapy services by Jumpstart Therapy, LLC, Kimberly A. Geary, MS, OTR/L and/or any contractor with Jumpstart Therapy, LLC. I acknowledge that there is some risk inherent in the use of the therapy equipment and I agree to indemnify and hold Jumpstart Therapy, LLC, Kimberly Geary, MS, OTR/L, any Jumpstart Therapy, LLC contractors, and the building owner harmless from any and all losses and claims for any injuries or other damages occurring to myself, my child or our belongings while receiving services at this site.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date