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New Directions for Kids

Waiver, Release, and Liability	
I,, for and in consideration of beginning on the day of, 20, here any and all actions or causes of action for personal injury, arising as a result of engaging or receiving instructions in said or however the same may occur and for whatever period so myself and my heirs, executors, administrators and assigns dowaive, discharge, and relinquish any action or causes of action my estate, and agree that under no circumstances will I or my or present any claim for personal injury, property damage, of owner, instructors, substitute instructors, employees, agents of whether the same may arise by the negligence of any said per to exempt and relieve New Directions for Kids from liability death caused by negligence and to assume all risks inherent to	id activity or any activities incidental thereto wherever aid activities or instruction may continue, and I, for to hereby assume all risk of said activities and release, on, aforesaid, which may hereafter arise for me and for theirs, executors, administrators, and assigns prosecute or wrongful death against New Directions for Kids, its or any working partners for any of said causes of action, sons, or otherwise. It is my intention by this instrument that for personal injury, property damage, or wrongful
For myself on the behalf of my child, (a) minors, our heirs, as and voluntarily accept and assume all risks. Risks may includ or broken extremities. I (we) agree not to hold New Direction or employees liable for any injuries or illnesses that occur before the control of the c	e but are not limited to: gagging, choking, or spraining ns for Kids, Sande Rutstein, or any instructors, agents,
Emergency (Consent
I (we), the undersigned parent, parents, or legal guardian of authorize and consent to any x-ray, examination, anesthetic general or special supervision of any member of the medic provisions of the Medicine Practice Act or a dentist licensed acute general hospital holding a current license to operate a Public Health. It is understood that this authorization is given hospital care being required but is given to provide authority physician in the exercise of his/her best judgment may deem contact the undersigned prior to rendering treatment of the pwithheld if the undersigned cannot be reached. This authorization of the Civil Code of California. In consideration of the ber hereby voluntarily waive any claim against New Directions the employees.	c, medical, or surgical diagnosis rendered under the al staff and emergency room staff licensed under the under the Dental Practice Act and on the staff of any a hospital from the State of California Department of en in advance of any specific diagnosis, treatment, or and power to render care to which the aforementioned advisable. It is understood that effort shall be made to eatient, but that any of the above treatment will not be ution is given pursuant to the provisions of section 25.8 nefits to be derived from the aforesaid outing, I (we)
I acknowledge that I have read the three paragraphs above, potential dangers incidental to engaging in the physical act consequences of signing this instrument.	
Signature of Parent /Guardian:	Date: