



I, _____, request enrollment and participation in Seacoast Keystone Therapy, LLC services program beginning _____, and waive any cause of action pertaining to personal injury arising by engaging or receiving instruction during the session, and I assume the risks involved in therapy and release any cause of action or claim to personal injury during the sessions with the preclusions of negligence. It is my intention by this document to release Seacoast Keystone Therapy, LLC for liability of personal injury and to assume the risk inherent in therapy sessions. It is understood that the provisions of this section do not apply for any loss, cost damage or expense attributed to negligent or intentional acts or omission by Seacoast Keystone therapy, LLC, its agents or employees.

Parent Signature:	Date:
-------------------	-------

Seacoast Keystone Therapy Administrator:	Date:
--	-------