



Dysphagia-Voice-Therapeutics PLLC
Phone: (910) 217-1862
Fax: (910) 668-1340
Email: info@dysphagiavoice.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 Dysphagia & Voice Therapeutics PLLC and/or any employee or independent contractor employed by Dysphagia & Voice Therapeutics PLLC.

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 Dysphagia & Voice Therapeutics PLLC and/or any employee or independent contractor employed by Dysphagia & Voice Therapeutics PLLC 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



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