



# Playground Use Waiver & Consent

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Purpose of Playground Use

A to Z Behavioral Services, LLC has installed an on-site playground for therapeutic and recreational use during Applied Behavior Analysis (ABA) services. Playground time may be used to support treatment goals such as gross motor skills, social interaction, communication, waiting, turn-taking, and tolerance of peers.

All playground activities occur **during scheduled ABA sessions** with **1:1 staff supervision** unless otherwise specified in the treatment plan.

## Acknowledgment of Supervision

I understand that:

- My child will be supervised **1:1 by a trained ABA staff member** while using the playground.

- While staff provide active supervision and follow safety procedures, playground equipment involves **inherent risks** (e.g., falls, collisions, slips).
- Supervision does **not eliminate all risk of injury**.

## Assumption of Risk

I acknowledge and agree that:

- Playground equipment, by nature, carries a risk of minor or serious injury.
- I voluntarily assume all known and unknown risks associated with my child's use of the playground, including those that may arise despite reasonable supervision and safety procedures.

## Medical & Behavioral Considerations

I confirm that:

- I have informed the clinic of any **medical conditions, physical limitations, or behavioral concerns** that may impact my child's safe use of playground equipment.
- The clinic may restrict or modify playground access based on safety concerns, behavior plans, or clinical judgment.

## Release of Liability

To the fullest extent permitted by law, I hereby:

- Release and hold harmless **A to Z Behavioral Services, LLC**, its owners, employees, contractors, and affiliates from any claims, injuries, or damages arising from playground use, **except in cases of gross negligence or willful misconduct**.
- Agree that this release applies to any injuries sustained during normal playground use as part of ABA services.

## Emergency Authorization

In the event of an emergency, I authorize A to Z Behavioral Services, LLC to:

- Provide basic first aid
  - Seek emergency medical treatment if necessary
- I understand that I am responsible for any medical costs incurred.

## Permission to Participate

I give permission for my child to participate in playground activities as part of their ABA therapy program, under staff supervision and clinic safety guidelines.

- Yes, my child may use the playground
- No, I do not consent to playground use

## Parent/Guardian Acknowledgment

I have read and understand this waiver. I agree to its terms and acknowledge that my signature is voluntary.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_