



Champion's ABA Therapy Center
6525 East Strickland Street
Douglasville, GA 30134

Phone: 919-810-1459 Fax 919-400-4224
Email: admin@championsabatherapy.com

Release of Liability

I understand that it is preferred that I or another parent/guardian be at home during therapy hours; however, due to work and therapy schedules, this may not be possible. I, _____, give permission for the employees of Champion's ABA to work with my child, _____, alone at home and or at the Center. I understand that the employees of Champion's ABA are responsible only for the aforementioned child and not for any other child in the home. If an accident occurs while my child and Champion's ABA employee, I release Champion's ABA (and its employees) from any liability. I understand that I will be contacted immediately if an accident occurs.

This releases Champion's ABA staff from any liability or responsibility of my child's care while I am not home and or while at center.

- *I am releasing liability for:*
 - *Champion's ABA employee to be home with my child without my presence_____*
 - *Champion's ABA employee to work with my child at the center*

Printed Name

Parent/Guardian Signature

Date

Champion's ABA Representative