



In order for your child to participate in the Social Skills 101 program, you must review this document very carefully and sign.

I _____, legal guardian of _____
do hereby give consent for my child (named above) to participate in Mylemarks, LLC Social Skills 101 program. I agree to release, hold harmless and waive all claims and causes of action that may hereafter accrue to me against Mylemarks, LLC associated with any injury that may be caused as a result of any action other than the sole negligence of Mylemarks, LLC, their officers, directors, employees, agents, independent contractors, representatives, or volunteers. I further agree to indemnify and hold harmless Mylemarks, LLC, and any of their officers, directors, employees, agents, representatives, or volunteers, from any action or inaction of my child that may cause any injury or damage whatsoever.

I hereby give full permission for my child to participate in all activities and agree to notify program leaders of any precautionary measures that should be noted or taken during program sessions. In the event of any injury to my child, I allow Mylemarks, LLC program leaders to obtain any emergency medical treatment they (in their sole discretion) deem necessary in the best interest of my child.

I agree to pay the total program fee (\$280 before June 15, 2018/ \$325 after June 15, 2018) prior to the start of the program. I agree to drop my child off on time for each session. I agree that I will be present to pick my child up at least 5 minutes prior to session ending. Instructor will not be responsible for my child after session end. If for any reason, my child will be late or needs to leave early from a session, I will inform the instructor ahead of time.

I recognize that these classes are community-based, and fully understand that my child will not be receiving traditional therapy services, even if the program leader is a therapist. I understand that these sessions should not replace any traditional therapy that my child receives. I understand that Mylemarks, LLC does not provide medication, medication management, or crisis intervention services. I am aware that food and drinks will not be provided and are not permitted in the location where the Social Skills 101 program will be held. Water fountains will be available for use.

BEHAVIOR POLICY

I am aware that if my child displays consistent non-compliant and disruptive behaviors there is potential for them to be removed from the program, forfeiting fees paid. Misbehavior will be handled with the following steps.

(1) redirection (2) verbal warning (3) parent/guardian contacted and informed (4) removal from program

Participants will be *immediately* removed from the program if behavior becomes physically disruptive or creates safety risks to themselves or others.

REFUND POLICY

Full refunds are available for registration cancellations up to two weeks before program start date. 50% refund available one week before start date. No refunds will be provided once program begins. Refunds for missed sessions are not permitted. Please check your schedule for possible conflicts before committing to participation.

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Number: _____ Relationship to child: _____

PERMISSION TO PICK UP MY CHILD (List names, numbers, and relation to child)

By signing below, I acknowledge that I have read, understand this waiver of liability, assumption of risk, and agree to its terms.

ACKNOWLEDGEMENT OF UNDERSTANDING:

I have read this agreement and fully understand and agree to its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Sign parent/guardian name

Date