

STEARNS MUSIC THERAPY, LLC

315 W. Dodds St. * Bloomington, IN 47403 * (812) 320-2679

Release of Liability Agreement

The undersigned client/parent/legal guardian agrees to release and hold harmless Stearns Music Therapy, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from participation or involvement in music therapy services provided by Stearns Music Therapy, including any accident or injury to the client (on the property of Stearns Music Therapy or location of services) and the costs of medical services.

In the event of an injury to the client requiring medical attention, permission is hereby granted to the music therapist to attend to the situation. If the injury warrants further medical attention, it is expected that every effort will be made to reach the legal guardian and/or emergency contact to receive specific authorization before action is taken. If efforts to contact the legal guardian and/or emergency contact are unsuccessful, permission is granted for necessary medical treatment to be given. In addition, permission is hereby given to the music therapist to take the client to the physician, dentist, or to the hospital if an accident or serious illness occurs during the course of a music therapy session and the legal guardian and/or emergency contact cannot be reached.

The client/parent/legal guardian agrees to accept full responsibility for and to pay for the cost of medical care, transportation, and other incidental expenses.

Client/Parent/Legal Guardian Signature: _____

Printed Client Name: _____

Printed Parent/Legal Guardian Name: _____

Date: _____