



Hold Harmless/Liability Waiver

New Vision Children's Services, a California non-profit organization, tax identification number 20-5916765, provides the services at the New Vision Autism Center as a benefit to the community. In registering myself or my child as a client at the New Vision Autism Center, I certify that I have been told and understand the following:

1. The staff at New Vision Autism Center is made up primarily of volunteers. They are teachers, parents, and community members. Unless otherwise stated, they are not medical professionals.
2. The information I receive at the New Vision Autism Center by its volunteers and staff is meant to be construed as guidance and advice. At no time am I to take their assistance as medical advice or a diagnosis.
3. I understand that I should always follow-up with a health-care professional whenever I have a question about my child's health.
4. If I am referred to another agency, office, or clinician by the New Vision Autism Center and I am dissatisfied with my experience there, it is not the responsibility of the center, and I cannot and will not hold them liable.
5. I fully understand that autism is a very complex disorder, and although some children make great improvements, not all children can or will.
6. I take full responsibility for whatever treatments, therapies, supplements, vitamins, dietary alterations, or methodologies I may utilize. I understand and accept that the staff and volunteers at the New Vision Autism Center are not responsible for the treatment plan I seek and implement for my child.

With the above in mind, I fully understand and agree that New Vision Children's Services and the New Vision Autism Center, their staff members, successors, officers, agents, representatives, board members, volunteers and other parents shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with the New Vision Autism Center (Center) or any aspect of the Center, even if said injury or action is due to the alleged negligence of New Vision Children's Services (NVCS) or its employees or volunteers. Further, I do hereby agree to indemnify and hold NVCS harmless against and from any and all liabilities, damages, claims, suits,

judgments and associated costs and expenses (including, without limitation, reasonable attorneys' fees) of whatsoever kind in connection with the Center or any aspect of the Center. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against NVCS, even if any such claim or right of action is caused by NVCS's alleged negligence.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signature

Date

Printed Name

Child's Name