

# **TESSERAE FAMILY THERAPY, APC**

## **PARENT CONSENT, RELEASE, AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for me and/or my son/daughter/ward being (collectively referred to as “Minor”) permitted to participate in activities and services provided by Tesseræ Family Therapy, APC, (“Tesseræ Family Therapy”) I agree to the following:

1. Tesseræ Family Therapy provides the PEERS® for Adolescents Program to teenagers in middle school and high school. Services provided by Tesseræ Family Therapy include but are not limited to, group therapy (herein referred to as the “Services”).
2. The undersigned promises to pay Tesseræ Family Therapy all charges, fees, and expenses incurred pursuant to Services provided by Tesseræ Family Therapy under this Agreement. Payment is due immediately after receiving an invoice therefore. Late payment is subject to a 1.5% fee.

### **RELEASE, WAIVER, AND INDEMNITY**

3. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE TESSERAE FAMILY THERAPY, , its officers, directors, employees, members, managers, independent contractors, and agents, including but not limited to, Sara Walpole and Francesca Riddell (“Releasees”), from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person, reputation, or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in any and all activities provided by Tesseræ Family Therapy.
4. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost the Releasees or my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin may incur due to the participation of my son/daughter/ward or the undersigned in any and all of the Services provided by Tesseræ Family Therapy.
5. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. The laws of California, excluding its choice of law provisions if such laws would result in the application of laws other than the laws of California, shall govern the performance of the parties to this Agreement and any disputes with respect to this Agreement, the validity of this Agreement, the construction of its terms, and the interpretation of the rights and duties of Student and College Bound Consulting under this Agreement. The forum selected for any proceeding or suit related to a dispute between Student and College Bound Consulting related to this Agreement or the parties’ performance under this Agreement shall be in state court of competent jurisdiction located in San Diego County, California. Student and College Bound Consulting each consent to such courts personal jurisdiction over it and waive any defense, whether asserted by motion or pleading, that San Diego County, California is an improper or inconvenient venue.

I, THE UNDERSIGNED HAVE READ, AND UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. By signing below, I give my consent to have my child voluntarily participate in and attend any and all activities provided by College Bound Consulting unless otherwise stated by me in writing.

Date:	
	Signature of Parent or Guardian
	Name of Parent or Guardian
	Name of son/daughter/ward