



**THE WIGGLE ROOM CONTRACT**

The Wiggle Room (TWR) is an exciting part of therapy. The purpose of The Wiggle Room is to provide a space for children who need large motor input and output in order to regulate and process big feelings. All conversations and engagements with our clients will be respectful of everyone’s personal privacy and held in strict confidence. No client will ever be left alone in the Wiggle Room. We strive to provide an enjoyable and comforting experience for all.

**LIABILITY WAIVER:**

We specifically acknowledge Pathway to Wellness Community Clinic (PTWCC) does not assume responsibility for any injury or risks during the use of The Wiggle Room, including but not limited to, the risk of injury or death. Client voluntarily assumes all risks associated with the use of The Wiggle Room. We do hereby waive all pursuits and/or claims of liability against PTWCC, due to any unintentional accidents.

In the event any injury occurs during the use of The Wiggle Room, I assume financial responsibility for all emergency medical/dental services rendered. I furthermore release PTWCC from any liability in the event of injury to my child while participating in TWR. This authorization remains in effect as long as my child is a client at PTWCC or until written notice of withdrawal is filed in the PTWCC office.

I/We hereby release Pathway to Wellness Community Clinic, SC and its owner, Tammy Kirch, from all claims of liability. I have carefully read this release and fully understand its contents.

By signing below, I authorize myself/child to use The Wiggle Room.

PRINTED NAME OF CLIENT: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF CLIENT/PARENT/GUARDIAN: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF THERAPIST: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF TAMMY KIRCH: \_\_\_\_\_ Date: \_\_\_\_\_