

YOUR TRUE SELF, LLC ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS Occupational Therapy/ Aquatic Occupational Therapy Session/ Swim Lesson/ Activity (biking, kayaking, paddle boarding, skiing, hiking, rock climbing, slacklining, surfing, or any other activity taking place with Your true Self, LLC), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this Occupational Therapy/ Aquatic Occupational Therapy Session/ Swim Lesson/ Activity (biking, kayaking, paddle boarding, skiing, hiking, rock climbing, slacklining, surfing or any other activity), and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this Occupational Therapy/ Aquatic Occupational Therapy Session/ Swim Lesson/ Activity (biking, kayaking, paddle boarding, skiing, hiking, rock climbing, slacklining, surfing or any other activity), I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Michael Dezmin, Your True Self, LLC and/or their directors, officers, employees, volunteers, representatives, and agents, and the owners of the premises, activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Michael Dezmin, Your True Self, LLC, any employees, volunteers, and the owners of the premises are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, , lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Forms do not require physical signatures. Typing names into signature boxes count as signature.*

Participant's Signature Date Participant's Name Age

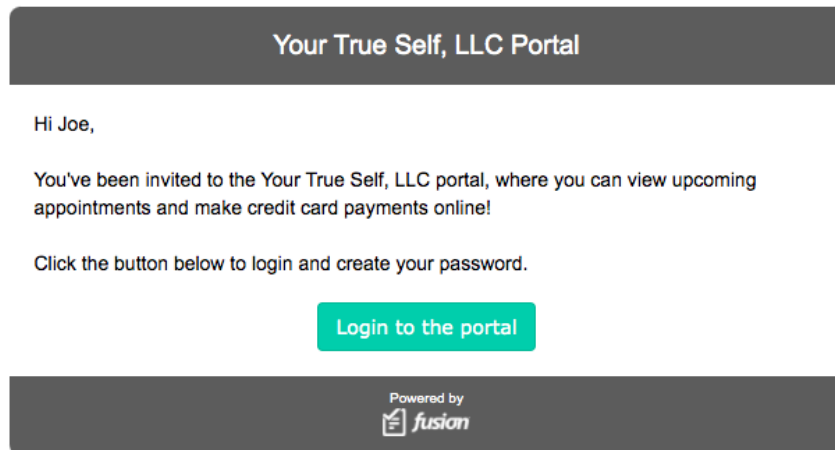
Parent/Guardian Signature Date
(If under 18 years old, Parent or Guardian must also sign.)

Webfusion- Billing, Payment, and Policies Agreement

This is Susie Joslin, Executive Assistant at Your True Self OT. We are grateful to have you as a client. Thanks for your trust and guidance in our team!

I will be your main point of contact regarding invoices and payments. WebFusion is our secure Electronic Medical Records System. You will be able to access your invoices, view upcoming appointments and have credit/debit payments processed online! Invoices typically go in the beginning of the month for the prior month. For example, May's invoices will be emailed usually within the first 10 days of the month of June.

You will be receiving an email shortly about being invited to the patient portal. The email subject line will be titled: **Your True Self LLC Portal** and look like this:



Once you create a patient portal account, you can access invoices. Invoices will be emailed to your email on file and can be opened for up to 7 days. If you don't open the invoice through the email within 7 days, you can access it on the portal.

After you make a payment (by one of the methods below) we will begin to process the payment and send you back a "Paid Invoice". Balances on these accounts may not always reflect your payments as it may take several days to process payments.

A Note About Insurance Reimbursement

It is important that you have a thorough conversation with your insurance company (about their coverage of out of network OT) if it will be your main source of financing for services. Your True Self LLC is not responsible for reimbursement of insurance companies. We will do our best to format invoices to meet the needs of insurance companies but make no guarantees. Regardless of insurance coverage, payment for services rendered is required and agreed to by signing below.

Payment Method and Credit Card Authorization

Credit or Debit Card is an acceptable means of payment. Before starting services, we will arrange for a time to connect over the phone and securely collect your payment information. An initial transaction of \$.01 will be charged to you so we can store your payment information in our system. Fusion never stores the cardholder data. The information goes directly from the form in Fusion to the payment processor who returns a secure token to us. This token is then stored and used to charge the card.

We will only charge your account after having provided a detailed list of services rendered for clients to review and ensure proper services/ charge amount. Usually, invoices will go out towards the beginning of the month and charges

completed/ receipts supplied towards the middle of the month. If there are any questions, please contact Susie.YourTrueSelfOT@gmail.com.

By (electronically) signing below, I acknowledge and accept the stipulations above. I acknowledge that I am fully responsible charges as outlined in the YTS Services, Policy, and Pricing PDF (or rates agreed to via email). I acknowledge and accept that Your True Self LLC will automatically charge my account for services rendered after having provided access to charges to be reviewed.

Clients Name

Date

Client or Guardian Name/ Signature (Typed Signature is Fine)

Company Details

Your True Self LLC

Fax: 617-340-2618

Phone: 908-565-3281

Address: 56 West Street , Newton MA 02458

Tax ID: 83-2695831