



MidState Therapy Associates
Speech & Occupational Therapy For Children and Adults

WAIVER

I, _____, knowingly and willingly returned to MIDSTATE THERAPY ASSOCIATES in Manalapan NJ, to continue to receive private Speech Therapy/Occupational Therapy Services.

I understand the risks due to the Covid-19 pandemic. I hereby release MIDSTATE THERAPY ASSOCIATES from any/all loss or damages sustained during any visit to the offices of MIDSTATE THERAPY for the purpose of receiving in person therapy sessions.

I will not enter the office if I present with flu like symptoms i.e., fever, cough, upper respiratory infection.

Print Name: _____

Signature: _____

Date: _____