CLIENT'S AGREEMENT AND RELEASE FORM

I hereby authorize the Speech-Language Pathology Program, California State University, East Bay, to provide speech, language and/or audiology services to:

_______________________________________________________________ (Client's Name)

I understand that the services indicated above may be provided by student clinicians as part of their pre-professional and professional clinical training. Such services will be supervised by a certified or licensed Speech Pathologist or Audiologist. I understand, further, that the assignment of student clinicians is at the discretion of the supervisory staff and that services may be interrupted or terminated according to the training requirements of the clinical training program and/or the availability of clinical personnel. I understand that every effort will be made to refer clients for appropriate services when those services cannot be provided by this program. I understand that, due to the design of the observation facilities, services delivered could be observed by other individuals. I am aware that special arrangements for privacy can be made upon request.

I agree that the State of California, the Trustees of the California State University and Colleges, California State University, East Bay, and each and every officer, agent and employee of them (hereafter collectively referred to as the State) shall not be responsible for any injury, damage, or loss which occurs from any cause beyond the control of the State or which does not occur from the sole negligence of the State. I further agree to hold harmless, defend and indemnify the State from any and all claims, injuries, damages, losses, causes of action and demand and all costs and expenses incurred in connection therewith (hereafter collectively referred to as liability) resulting from or in any manner arising out of or in connection with any negligence on the part of the Speech-Language Pathology Program, its agents or employees, in the performance of the services, irrespective of whether such liability is also due to any negligence on the part of the State but not if such liability is due to the sole negligence of the State.

I understand that no client information can be released to any person or agency without my specific written authorization.

Date: ___________________ 20_____  __________________________________________________________________________

                                            Client's Signature

                                            ________________________________

                                            Relationship to Client

                                            (If signing for dependent child or disabled adult)