



Sensory Room Vestibular Swing Waiver Form

40W222 LaFox Road
Suite H-1
Saint Charles, IL 60175

P: (630) 549-6497
F: (630) 549-0942
pica-associates.com

127 S First Street
Suite 105
Geneva, IL 60134

Dear Parent or Guardian,

The use of sensory equipment has been proven through research and practical use, to be effective in helping to meet child & adolescent sensory needs, which can help to improve participation, attention, and focus in both school and home settings. Our Sensory Room features a Vestibular Swing, which is a suspended swing that provides movement that is necessary to satisfy a child/adolescent’s vestibular needs. Movement can be calming or excitatory depending on the type of movement experienced. Additionally, Vestibular Swings are a powerful tool to help with a child/adolescent’s sensory modulation issues and to satisfy sensory needs to improve effectiveness and function in daily living tasks, in school settings, as well as emotionally and socially. To learn more in detail about the use of Vestibular Swings and how it can help in your child/adolescent’s therapy, please visit our website at: pica-associates.com/sensory-room.

Use of the Vestibular Swing is only available under direct supervision of a trained therapist from Pica & Associates, and with the understanding that the child/adolescent will abide by the safety precautions and rules as posted by Pica & Associates.

In addition, it is required for a parent or guardian to grant permission through signing this waiver, before any child/adolescent patient is allowed to use the Vestibular Swing. Please read all of the information below carefully and discuss any concerns with your primary therapist.

Pica & Associates is not an Occupational Therapist, the Sensory Room has been added as an adjunct to our traditional psychotherapy approach.

SENSORY SWING RULES

1. All patients using the Sensory Swing must have a waiver (this form) signed by a parent or legal guardian.
2. The Sensory Swing can only be used during a scheduled therapy session, and only under the direct supervision of a trained therapist from Pica & Associates.
3. Patients may begin to use the swing when their therapist gives permission, and must get off the swing when the therapist indicates that their time is up.
4. No shoes can be worn on the swing.
5. Only one patient is allowed on the swing at a time.
6. Weight limit for the swing is 300 lbs.
7. No jumping onto, jumping while on, or jumping off of the swing.
8. No standing on the swing.
9. If at any time the movement of the swing becomes too forceful or subject to causing injury or damage to the patient or room, the supervising therapist may end swing usage for that session.
10. Failure to abide by these rules will result in suspension of swing privileges.

ASSUMPTION OF RISK

Participation in using sensory equipment, including the Vestibular Swing, naturally may involve the risk of injury. As such, the undersigned patient agrees that he/she understands and voluntarily accepts this risk, and that Pica & Associates will not be liable for any injury, including and without limitation, personal, bodily, or mental injury, economic loss, or any damage to the patient resulting from the negligence or other acts of Pica & Associates or those using the equipment.

WAIVER OF LIABILITY

Although the facilities and equipment provided are designed to provide a safe level of beneficial sensory activity and modulation, there is an inherent risk that use of such equipment may result in injury. Therefore, the patient/patient’s parent or guardian agrees to specifically assume all risk of injury while the patient is using any of Pica & Associates’ equipment, facilities, or services and hereby waives any and all claims and actions that may arise against Pica & Associates or its owners or employees. These risks include but are not limited to: (1) injuries arising from the patient’s use of any equipment in connection with Pica & Associates occurring inside or outside of the facility, (2) injuries or medical disorders arising from patient’s participation in therapy sessions using the equipment, whether inside or outside of the facility, (3) actions or decisions made by Pica & Associates or its employees regarding the safety of the patient.

I have read this form in its entirety and understand the terms.

Print Patient Name _____ Date _____

Signature of Patient _____ Date _____

Signature of Parent or Guardian _____ Date _____