



**Consent to evaluation program.**

I consent for \_\_\_\_\_ to participate in the Tomatis® Program.

I understand that all information will be confidential, and that any data or information gathered will not be made available to anyone in any form in which I or my family might be identified personally. An explanation of any risks and or benefits that could adversely affect me (or my child has been provided and I voluntarily agree (or give permission for my minor child) to participate in the direction of mine/my child evaluation and program.

I understand the costs involved and I assume responsibility for the costs incurred.

***Please note the value of the equipment is high.***

***IF THE EQUIPMENT IS DAMAGED OR BROKEN WHILST UNDER MY CARE I WILL PAY FOR THE SHIPPING AND REPAIR TO EUROPE OR \$4500CA IF A TALKSUP® NEEDS REPLACING HEADPHONE REPLACEMENT \$550CA***

**SIGNATURE of the applicant/guardian; .....**

**Date .....**