
Consent for Service Agreement (RDS) *For Children (walking and older), Students, or Adults*

Client Information

Client Name: _____ Date of Birth: _____ Age: _____
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Client Name: _____ Date of Birth: _____ Age: _____
Client Name: _____ Date of Birth: _____ Age: _____

Responsible Party #1

Name: _____ Ph: _____ Email: _____
Address: _____ City, ST: _____ Zip: _____
Relationship to Client: _____ Employer: _____

Responsible Party #2

Name: _____ Ph: _____ Email: _____
Address: _____ City, ST: _____ Zip: _____
Relationship to Client: _____ Employer: _____

Program Assessments

The personalized program will consist of an initial assessment, education, instruction and training, followed by re-assessments every 6 -12 weeks. All assessments are best done in person but may be done via online video conference if necessary.

Declaration of Consent

I desire to participate in the program of developmental movement as offered by Neurolly Solutions Inc., LLC (Neurolly) and as specified herein. I hereby authorize Neurolly and staff to provide a functional developmental movement assessment of the client as the basis for the instruction in the use of daily developmental activities.

I request that Neurolly and staff provide the Responsible Party with the verbal report of assessment and associated instructions necessary for participation in the program as offered by Neurolly and in accordance with the policies outlined in this document.
_____ (initial)

I understand this program will include a variety of developmental activities and that I will be trained in the proper use and application of these activities. I understand that the program requires the execution of daily activities and that failure to execute the program as instructed may impact the effectiveness. I understand that regular re-assessments as suggested by Neurolly are critical to program success. _____ (initial)

Neurolly educates about the replication of the development sequence (RDS) to address academic, behavioral and developmental struggles. Developmental programs are individualized for each client. Programs are not medical, therapeutic, or psychological prescriptions. _____ (initial)

Programs are offered for the client and family's review and education. Application of the program is the responsibility of the client and client's family. I understand results will be dependent upon proper and regular utilization of the learned program activities. _____ (initial)

I understand that Developmental Movement Consultants are not licensed to practice medicine. If medical or other licensed professional advice is needed, the family is urged to consult a licensed physician or other licensed professional. _____ (initial)

I understand that there is currently a lack of peer reviewed evidence and other evidence such as case studies for the efficacy of this program. _____ (Initial)

I understand that I am personally responsible for paying all charges I incur while utilizing the services of Neuroolly. I understand that all payments must be current before time of service. I understand that Neuroolly will not be filing these charges with my health insurance. I understand that deposits are non-refundable and that clients who have been delinquent in any payments will have no appointments scheduled until payments are brought current. _____ (initial)

Payment Breakdown & Options

- **Enrollment Fee: \$700**
\$75 non-refundable deposit due upon booking initial assessment
- **Ongoing program fee (Select One)**
 - ☐ Option 1: \$150 monthly fee
Automatic payment charged monthly beginning 1 month from the date of your initial assessment.
 - ☐ Option 2: \$450 per re-assessment

All costs are per-client. For households with multiple clients, rates are discounted for each additional client after the first at a rate of 20%.

Cancellation Policy

Cancellations due to extreme weather or illness will be rescheduled at client and consultant's convenience.

For accounts taking advantage of the automatic monthly withdrawal option, the recurring monthly payment may be canceled at any time without penalty. In the event that automatic payments are terminated by the client, any automatic payments made subsequent to the most recent re-assessment may be credited toward a lump sum payment for a future re-assessment of any clients on the same account.

Signatures

I understand that by signing this form I give informed consent for client participation. In addition, I have read this contract in full and understand the above policies and my obligations regarding payment of associated fees and daily program execution. I acknowledge that I have read and completed this information to the best of my knowledge and ability, and I understand that neither Neuroolly nor those trained by, or employed by, Neuroolly are assuming responsibility of liability for the client, and that I, as the client, parent or guardian assume full responsibility.

Responsible Party #1

Date

Responsible Party #2

Date