

1398 W. Mayfield Rd., Suite 220 Arlington, TX 76015 office@wrightwellness.me 682.777.4325

WALK AND TALK THERAPY ASSUMPTION OF RISK & LIABILITY RELEASE

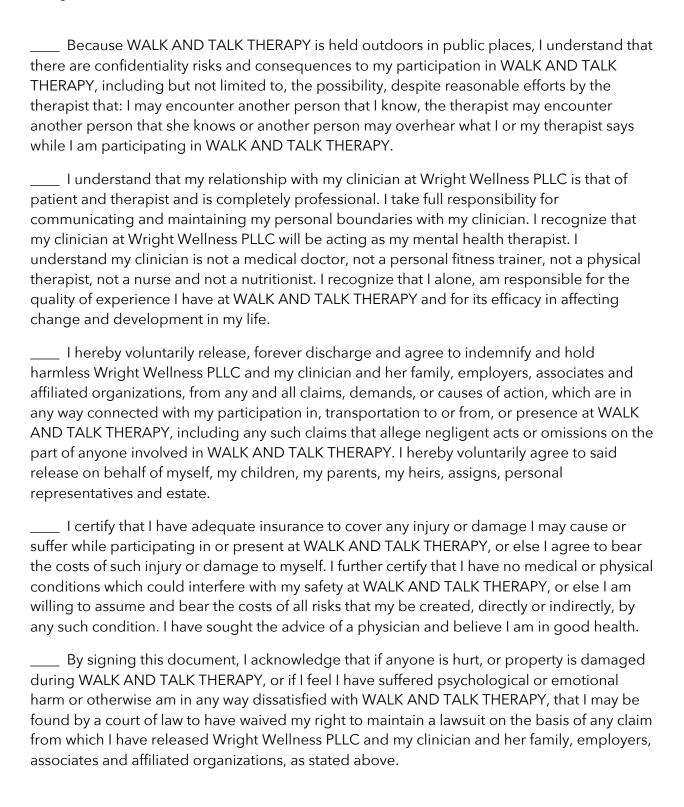
Read the following items pertaining to assumption of risk and liability release, in connection with Walk and Talk Therapy at Wright Wellness PLLC. If you choose to sign and initial this document, and acknowledge agreement of the terms therein, you will be permitted to participate in Walk and Talk therapy sessions with your clinician at Wright Wellness PLLC. Those who do not sign this document will not be eligible to participate.

For purposes of this document, WALK AND TALK THERAPY refers to Walk and Talk therapy sessions with a licensed clinician at Wright Wellness PLLC. These sessions consist of psychotherapy/counseling while walking/exercising, and take place outdoors in public places. Initial below: _ I voluntarily elect to participate in WALK AND TALK THERAPY at Wright Wellness PLLC and in doing so I expressly agree, promise and do accept and assume ALL of the risks existing in WALK AND TALK THERAPY and its individual activities and processes. _ I certify that I voluntarily choose to participate in WALK AND TALK THERAPY because I believe it may be helpful to my own personal growth and development. I am not participating in WALK AND TALK THERAPY because of pressure from anyone else. ____ I acknowledge that participation in personal growth and development courses and activities involves both known and unanticipated risks that could result in physical or emotional injury or damage to myself or others. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of WALK AND TALK THERAPY. These risks include but are not limited to: emotional stress and trauma; strenuous and vigorous physical, mental emotional and intellectual activity; the possibility of slips and falls; bruises, sprains, lacerations, fractures, animal bites or stings, concussions or even more severe lifethreatening hazards, including death. The WALK AND TALK THERAPY therapist at Wright Wellness PLLC has a difficult job to perform. She seeks safety, but is not infallible. She might be ignorant of a participant's fitness or abilities. She might misjudge the weather, the elements, or the terrain. She may give inadequate warnings or instructions. My participation in WALK AND TALK THERAPY is purely voluntary, and I elect to participate in WALK AND TALK THERAPY in spite of the risks. I recognize that I am free to elect to not participate in any given activity or process of WALK AND TALK THERAPY for any reason. I also am free to leave WALK AND TALK THERAPY at any time for any reason.



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I have had sufficient opportunity to read this entire document. I have read and
understand all therein, and agree to bind by its terms.
Name of Patient
Signature of Patient
Date
As the above referenced clinician at Wright Wellness PLLC, I certify that I witnessed the above patient review, sign and date this document.
Name
Signature
Dato