

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 life-threatening 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.

___ Because WALK AND TALK THERAPY is held outdoors in public places, I understand that there are confidentiality risks and consequences to my participation in WALK AND TALK THERAPY, including but not limited to, the possibility, despite reasonable efforts by the therapist that: I may encounter another person that I know, the therapist may encounter another person that she knows or another person may overhear what I or my therapist says while I am participating in WALK AND TALK THERAPY.

___ I understand that my relationship with my clinician at Wright Wellness PLLC is that of patient and therapist and is completely professional. I take full responsibility for communicating and maintaining my personal boundaries with my clinician. I recognize that my clinician at Wright Wellness PLLC will be acting as my mental health therapist. I understand my clinician is not a medical doctor, not a personal fitness trainer, not a physical therapist, not a nurse and not a nutritionist. I recognize that I alone, am responsible for the quality of experience I have at WALK AND TALK THERAPY and for its efficacy in affecting change and development in my life.

___ I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Wright Wellness PLLC and my clinician and her family, employers, associates and affiliated organizations, from any and all claims, demands, or causes of action, which are in any way connected with my participation in, transportation to or from, or presence at WALK AND TALK THERAPY, including any such claims that allege negligent acts or omissions on the part of anyone involved in WALK AND TALK THERAPY. I hereby voluntarily agree to said release on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate.

___ I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in or present at WALK AND TALK THERAPY, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety at WALK AND TALK THERAPY, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. I have sought the advice of a physician and believe I am in good health.

___ By signing this document, I acknowledge that if anyone is hurt, or property is damaged during WALK AND TALK THERAPY, or if I feel I have suffered psychological or emotional harm or otherwise am in any way dissatisfied with WALK AND TALK THERAPY, that I may be found by a court of law to have waived my right to maintain a lawsuit on the basis of any claim from which I have released Wright Wellness PLLC and my clinician and her family, employers, associates and affiliated organizations, as stated above.

____ 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 _____

Date _____