



**Waiver of Liability for participation in outdoor walk and talk psychotherapy programs/treatment**

Please read the following items pertaining to assumption of risk and liability release, in connection with Walk and Talk Therapy with your therapist. For purposes of this document, Walk and Talk Therapy, refers to psychotherapy while walking and takes place outdoors in public places.

I voluntarily choose to participate in Walk and Talk Therapy because I believe it may be helpful to my own personal growth and development. In so doing, I expressly accept the risks of Walk and Talk Therapy and its individual activities and processes.

I understand that participating in Walk and Talk Therapy is my choice, provided as an alternative to in-office therapy sessions, and that I may discontinue Walk and Talk Therapy at any time and for any reason. I understand that my relationship with my therapist is that of client and therapist and is completely professional. I recognize that my therapist will be acting as my mental health therapist and will be operating under the scope of that particular license; not as a fitness trainer or in any other capacity.

I understand the risks associated with Walk and Talk Therapy, inherent and otherwise. I attest that I have no known health problems or medical conditions which could in any way limit my ability to safely participate in Walk and Talk Therapy and I assume all health risks associated with this activity. I further understand the risks associated with general outdoor activity, and the hazards that may be presented by natural causes or acts of other persons or animals, whether negligent or intentional. In consideration of my participation in this form of therapy, I hereby release The Journey Center for Healing Arts, PLLC from any claims, demands, and/or causes of action as a result of my voluntary participation and enrollment.

Because Walk and Talk Therapy is held outdoors, in public places, I understand that my therapist cannot guarantee the confidentiality of the information I choose to disclose during such activities, including but not limited to the possibility that I may encounter another person I know, the therapist may encounter another person they know, or another person may overhear what I or my therapist says while I am participating in Walk and Talk Therapy, and/or my therapist may be recognized by others as a therapist.

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 have read, I understand, and I agree to the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.*

\_\_\_\_\_  
Printed Name of Client                                      Signature of Client                                      Date

\_\_\_\_\_  
Printed Name of Legal Guardian                                      Signature of Legal Guardian                                      Date

Relationship to client: \_\_\_\_\_

**Client:**

**Date of Birth:**