Assumption of Risk & Liability Release

Walk & Talk Therapy with Rhoberta E. Michaels, LPC NCC

Please read the following items pertaining to risk and liability in connection with Walk & Talk Therapy with Rhoberta E. Michaels, LPC NCC. If you choose to sign and initial this document and acknowledge agreement of the terms therein, you will be permitted to participate in Walk & Talk Therapy sessions with Rhoberta E. Michaels, LPC NCC. For purposes of this document, Walk & Talk Therapy refers to psychotherapy with Rhoberta E. Michaels, LPC NCC while walking and takes place outdoors in public places.

\_\_\_\_\_I voluntarily elect to participate in Walk & Talk Therapy and in doing so I expressly agree, promise, and do accept and assume all the risks existing in Walk & Talk Therapy and its individual activities and processes.

\_\_\_\_\_I certify that I voluntarily choose to participate in Walk & Talk Therapy because I believe it may be helpful to my own personal growth and development. I am not participating because of any pressure from anyone else.

\_\_\_\_\_I acknowledge that participating 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 essentials qualities of Walk & Talk Therapy. These risks may include emotional stress or trauma, strenuous and vigorous physical, mental emotional and/or intellectual activities; the possibility of slips and falls, bruises, sprains, lacerations, fractures, animal bites or stings, concussions or even more severe life-threatening hazards including death.

\_\_\_\_\_My participation in Walk & Talk Therapy is purely voluntary and I elect to participate in Walk & Talk Therapy, fully aware of the risks. I recognize that I am free to elect to not participate in any given activity or process of Walk & Talk Therapy for any reason and am free to leave at any time for any reason.

\_\_\_\_\_Because Walk & Talk Therapy is held outdoors in public places, I understand that there are confidentiality risks and potential consequences to my participation may include 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 & Talk Therapy.

\_\_\_\_\_I understand that my relationship with Rhoberta E. Michaels, LPC NCC, is that of Client and Therapist and is completely professional. I take full responsibility for communicating and maintaining my personal boundaries with her and recognize that she will be acting as my Mental Health Therapist. I understand that Rhoberta E. Michaels, LPC NCC, is not a medical doctor, not a personal fitness trainer, not a physical therapist, not a nurse nor a nutritionist. I recognize that I alone am responsibility for the quality of experience I have a Walk & Talk Therapy and for its efficacy in affecting change and development in my life.

\_\_\_\_\_I hereby voluntarily release and forever discharge and agree to indemnify and hold harmless Rhoberta E. Michaels, LPC NCC, her family, employers, associates and affiliated organizations from all claims to or from my presence at Walk & Talk Therapy, including any such claims that allege negligent acts or omissions on the part of anyone involved in Walk & Talk Therapy. I hereby voluntarily agree to said release on behalf of myself, my children, my parents, my spouse, my heirs, assigns, personal representatives and my 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 & Talk Therapy, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medial or physical conditions which could interfere with my safety at Walk & 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 & Talk Therapy, or if I feel I have suffered psychological or emotional harm or otherwise am in any way dissatisfied with Walk & 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 Rhoberta E. Michaels, LPC NCC, 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 there and agree to abide by its terms.

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Signature of Client Date