



Walk and Talk Therapy Liability Waiver/Informed Consent

I, _____ have agreed to the terms and conditions as it relates to receiving counseling/therapy services in the form of walk and talk therapy within the outdoor community and not within the formal office setting. Walk & talk therapy is a form of psychotherapy that incorporates walking while talking about issues related to the client and coming up with effective ways of addressing these problems within a non-traditional therapeutic setting (e.g. outdoors/setting outside of therapy office). I recognize that complete confidentiality cannot be maintained in this venue, and I accept the possibility that other people may hear parts of the conversation between the therapist and client. In an effort to try to preserve confidentiality and privacy, Therapist and client will follow the protocol put into place to promote these efforts within reason for this type of therapy being provided.

I, _____ recognize that this type of therapy may involve strenuous physical activity including, but not limited to, cardiovascular activity. I hereby affirm that I am in physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this type of therapy. I acknowledge that my

participation is purely voluntary and in no way required by practitioner, Latonia Coates-Smith, MSW, LCSW and Embrace Healing and Wellness Therapy, LLC. In consideration of my participation in this type of therapy I, _____, hereby release Latonia Coates-Smith, MSW, LCSW and Embrace Healing and Wellness Therapy, LLC from any claims, demands, and/or causes of action as a result of my voluntary participation in walk and talk therapy. I, _____, hereby release Latonia Coates-Smith, MSW, LCSW and Embrace Healing and Wellness Therapy, LLC from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to heart attacks, muscle strains, muscle pulls, muscle tears, shin splints, injuries to knees, injuries to back, injuries to foot, or any other illnesses or soreness that I may incur.

In cases where there is increment weather or situations that impose on the therapist and client's ability to implement walk and talk therapy, scheduled sessions will be carried out in the office setting. Client and therapist have the choice to resume therapy inside of the office at anytime prior or during any given walk and talk therapy session upon that request. Walk and talk therapy will not be initiated or continued if this type of therapy is not beneficial to the therapeutic process.

BY MY SIGNATURE BELOW, I HEREBY ACKNOWLEDGE AND AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Patient Signature _____ Date _____

Print Name _____

Practitioner _____ Date _____