

Reflect In Motion

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Liability Waiver/Informed Consent Form

I _____ have enrolled in the personalized Walk and Talk Therapy model
(Print Name)

offered with Beth Smith, LCSW-C through *Reflect In Motion*. This model of psychotherapy combines traditional talk therapy with walking in the outdoors. 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 me and my therapist.

I also recognize that this form of therapy involves physical activity including, but not limited to, cardiovascular activity. I hereby affirm that I am in good physical condition and do not suffer from any known condition or disability which would limit or prevent my participation in this therapy. I understand Beth Smith, LCSW-C and/or *Reflect In Motion* suggests that I consult with my physician before undertaking this therapy. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way required by Beth Smith, LCSW-C and/or *Reflect In Motion*.

In consideration of my participation in this form of therapy, I _____,
(Print Name)

hereby release Beth Smith, LCSW-C and or *Reflect In Motion* from any claims, demands and/or causes of action as a result of my voluntary enrollment and participation in Walk and Talk Therapy. I fully understand that I could injure myself as a result of my participation, and I hereby release Beth Smith, LCSW-C and/or *Reflect In Motion* from any liability now or in the future for harms that I may incur. Such harm may include, but is not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, shin splints, injuries to feet or ankles, injuries to knees, injuries to backs, or other illness or soreness that I may incur.

I hereby affirm that I have read and fully understand the above statements.

Patient Signature _____ Date _____

Parent/Legal Guardian _____ Date _____
(If patient is under 18)