

WAIVER AND RELEASE FROM LIABILITY

I, _____, have advised Connie Wood of my intent to seek counseling services on this ___ day of _____, 20__.

After careful and thoughtful consideration and after an adequate opportunity to seek and receive advice and legal counsel, I do hereby release and forever discharge Connie Wood and her respective agents, employees and officers from all claims, demands, damages or claims for relief that I might have as the result of my participation in counseling with Connie Wood.

I understand that by signing this document, I am releasing and discharging Connie Wood and all of her respective agents, employees and officers from all claims, demands, damages or claims for relief that I may have as the result of any participation by me in counseling and related activities with Connie Wood.

Furthermore, I agree to protect Connie Wood and her respective agents, employees and officers from any damages incurred by way of claim, demand, or judgment and agree to reimburse and indemnify Connie Wood, for any loss, damage or cost incurred.

This Wavier and Release may be transmitted by email or facsimile machine and electronic or faxed signatures shall constitute original signatures and shall be binding on all signatories.

I affirm under penalties of perjury that I am 18 years of age or older, are of sound mind and competent; that I freely and voluntarily execute the above foregoing Waiver and Release from Liability; and that these statements and assertions are true and correct to the best of my knowledge and belief, this ___ day of _____, 20__.

Counselee Signature