

THRIVE THERAPY & COUNSELING

LIABILITY WAIVER

This waiver of liability includes any risk of attending sessions, engaging in zoom sessions, group meetings, or attending any events, workshops, or other services provided by and at the THRIVE THERAPY & COUNSELING CENTER.

- ❖ Clients at THRIVE COUNSELING CENTER services will understand that these services are not offered as a substitute for clinical medical health care or clinical mental health care, and are not intended to diagnose, treat, or cure any mental health or medical conditions. Cures can possibly be ascertained, but are not guaranteed. You should understand that your therapist or coach is not a replacement for your doctor, and is not acting as a medical professional.
- ❖ You understand and agree that you are responsible for your own wellbeing during your coaching and therapy program, and subsequently, your own choices and decisions will affect your outcome.
- ❖ You understand that all comments and ideas offered by a therapist/coach are solely for the purpose of aiding you in achieving your defined goals to improve or enhance your mental wellbeing and/or relationships.
- ❖ All the information you provide is between you and your therapist. We will never share your name & personal information with anyone. We cannot be responsible for homework information that you take home.
- ❖ We keep your information as secure as possible. However, understand the risks and the use of technology is not always reliable or secure, and you accept and assume the risks involved of confidentiality in the use of emails, texts, phone calls, zoom, facetime, and other technologies.
- ❖ You hereby release, acquit, waive, and forever discharge your therapist/life coach, any agents, successors, assigns, personal representatives, executors, heirs, and employees from every claim, suit action, demand, or right to compensation for damages claimed, or that you may have arising out of your own acts or omissions, and/or acts or omissions of your therapist/coach of any advice given otherwise resulting from the therapist/coach otherwise resulting from the therapeutic/coaching relationship contemplated by this agreement.
- ❖ We are not responsible for slips, falls, or other injuries in or around our office. Enter at your own risk.
- ❖ You further declare and represent that no promise, inducement, or agreement not expressed in this agreement has been made. Please submit any important information in writing to avoid confusion or misunderstandings.
- ❖ We, here at our facility, all therapists/coaches reserve the right to refuse access to services and/or facility.

Print name: _____

Client Signature _____ Date _____

Print name: _____

Client Signature _____ Date _____