

ASSUMPTION OF RISK & LIABILITY RELEASE

Read the following items pertaining to assumption of risk and liability release, in connection with Walk and Talk Therapy with Lezlie Scaliatine Psy.D. If you choose to sign and initial this document, and acknowledge agreement of the terms therein, you will be permitted to participate in Walk and Talk therapy sessions.

For purposes of this document, WALK AND TALK THERAPY refers to Walk and Talk therapy sessions with Lezlie Scaliatine Psy.D. These sessions consist of psychotherapy while walking/exercising, and take place outdoors in public places.

Initial

_____ I voluntarily elect to participate in WALK AND TALK THERAPY and in doing so I expressly agree, promise and do accept and assume ALL of the risks existing in WALK AND TALK THERAPY and its individual activities and processes.

_____ I certify that I voluntarily choose to participate in WALK AND TALK THERAPY because I believe it may be helpful to my own personal growth and development. I am not participating in WALK AND TALK THERAPY because of pressure from anyone else.

_____ I acknowledge that participation 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 essential qualities of WALK AND TALK THERAPY. These risks include but are not limited to: emotional stress or trauma; strenuous and vigorous physical, mental emotional and intellectual activity; the possibility of slips and falls; bruises, sprains, lacerations, fractures, animal bites or stings, concussions or even more severe life-threatening hazards, including death. The WALK AND TALK THERAPY therapist, has a difficult job to perform. She seeks safety, but is not infallible. She might be ignorant of a participant's fitness or abilities. She might misjudge the weather, the elements, or the terrain. He/she may give inadequate warnings or instructions.

_____ My participation in WALK AND TALK THERAPY is purely voluntary, and I elect to participate in WALK AND TALK THERAPY in spite of the risks. I recognize that I am free to elect to not participate in any given activity or process of WALK AND TALK THERAPY for any reason. I also am free to leave WALK AND TALK THERAPY at any time for any reason.

_____ Because WALK AND TALK THERAPY is held outdoors in public places, I understand that there are confidentiality risks and consequences to my participation in WALK AND TALK THERAPY, including but not limited to, 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 AND TALK THERAPY.

_____ I understand that my relationship with Lezlie Scaliatine Psy.D. is that of client and therapist and is completely professional. I take full responsibility for communicating and maintaining my personal boundaries with Dr. Scaliatine. I understand that she is not a medical doctor, not a personal fitness trainer, not a physical therapist, not a nurse and not a nutritionist. I recognize that I alone, am responsible for the quality of experience I have at WALK AND TALK THERAPY and for its efficacy in affecting change and development in my life.

_____ I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Lezlie Scaliatine Psy.D. and her family, associates and affiliated organizations, from any and all claims, demands, or causes of action, which are in any way connected with my participation in, transportation to or from, or presence at WALK AND TALK THERAPY, including any such claims that allege negligent acts or omissions on the part of anyone involved in WALK AND TALK THERAPY. I hereby voluntarily agree to said release on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and 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 AND TALK THERAPY, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety at WALK AND 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 AND TALK THERAPY, or if I feel I have suffered psychological or emotional harm or otherwise am in any way dissatisfied with WALK AND 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 Dr.Scaliatine and her family, associates and affiliated organizations, as stated above.

_____ I have had sufficient opportunity to read this entire document. I have read and understand all therein, and agree to bind by its terms.

Name of Client _____

Signature of Client _____ Date _____

Signature of Parent/Guardian _____ Date _____

I certify that I witnessed the above client review, sign and date this document.

_____ Date _____