

Suzannah Ferron
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Outdoor/Walking Therapy Release of Liability

In exchange for participation in the activity of Hiking/Walking Therapy organized by Suzannah Ferron LMFT. I, _____ agree to the following:

_____ I understand that, while being outdoors has certain therapeutic benefits, it also brings with it potential risk of compromising my confidentiality (such as running into an acquaintance while engaging in the walk/hike). I agree that Suzannah Ferron, LMFT and I have discussed this potential risk, and, despite that risk, I have agreed to participate in the activity of Outdoor/Walking Therapy.

_____ I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Suzannah Ferron, LMFT.

_____ I recognize that there are certain inherent risks associated with the above described activity, and I assume full responsibility for personal injury to myself, and further release and discharge Suzannah Ferron, LMFT for injury, loss or damage arising during my Outdoor/Walking Therapy.

_____ I agree to indemnify and defend Suzannah Ferron, LMFT against all claims, causes of action, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my use of the facilities.

_____ I agree to pay for all damages to the facility caused my negligent, reckless or willful actions.

_____ Any legal or equitable claim that may arise from participation in the above shall be resolved under California law.

_____ I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire.

Emergency Contacts

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

Name: _____

Address: _____

Phone Number: _____

Relationship: _____

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Client Signature

Date

Therapist Signature

Date