



Avanti Counseling

Roseanne T. Myers, MS, NCC, LPC

Liability Release & Acknowledgement of Risk Form for Therapy Conducted Outdoors

With respect to the outdoor activity of

In consideration of the services of Roseanne T. Myers, MS, LPC, Avanti Counseling,

I hereby agree to release and discharge **Roseanne T. Myers, MS, LPC and Avanti Counseling** on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that conducting activities outdoors entail known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I certify that I have no medical or physical conditions which could interfere with my safety in this activity, 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 discussed any conditions that I believe could impair my ability to participate in the activity with **Roseanne T. Myers, MS, LPC and Avanti Counseling.**
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless **Roseanne T. Myers, MS, LPC and Avanti Counseling** from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity.
5. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to



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maintain a lawsuit against **Roseanne T. Myers and Avanti Counseling** on the basis of any claim from which I have released them herein.

6. All participants must be over the age of 10 years old. Minors under the age of 19 must have their parents or legal guardian sign the separate consent below. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

7. With respect to confidentiality: I acknowledge that participating in outdoor activities will naturally place me in public spaces. I understand that complete confidentiality cannot be guaranteed by **Roseanne T. Myers and Avanti Counseling** in such spaces. I agree that the benefit of such therapeutic activity outweighs the liabilities. I understand **Roseanne T. Myers and Avanti Counseling** will protect my confidentiality to the best of their ability, and I will not hold **Roseanne T. Myers and Avanti Counseling** responsible for unanticipated confidentiality breeches.

Participant Name:

Signature:

Date: _____

Printed Name:

Parent or Guardian (for participants under 19 years old):

Signature:

Date: _____

Relationship: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____