



# Avanti Counseling

**Roseanne T. Myers, MS, NCC, LPC**

## ASSUMPTION OF RISK & LIABILITY RELEASE- WALK/RUN AND TALK THERAPY

Please read the following items pertaining to assumption of risk and liability release, in connection with WALK/RUN AND TALK Therapy with Roseanne T. Myers, MS, LPC.

For purposes of this document, WALK/RUN AND TALK THERAPY refers to psychotherapy while walking and takes place outdoors in public places.

I voluntarily choose to participate in WALK/RUN AND TALK THERAPY with Roseanne T. Myers, MS, LPC, because I believe it may be helpful to my own personal growth and development. In so doing, I expressly accept the risks of WALK/RUN AND TALK THERAPY and its individual activities and processes.

I understand that participating in WALK/RUN AND TALK THERAPY is my choice, provided as an alternative to in-office therapy sessions, and that I may discontinue WALK/RUN AND TALK THERAPY at any time and for any reason.

I understand that my relationship with Roseanne T. Myers, MS, LPC is that of client and therapist and is completely professional.

I recognize that Roseanne T. Myers, MS, LPC will be acting as my mental health therapist and will be operating under the scope of that particular license; not as a fitness trainer or in any other capacity.

I understand the risks associated with WALK/RUN AND TALK THERAPY, inherent and otherwise. I attest that I have no known health problems or medical conditions which could in any way limit my ability to safely participate in WALK/RUN AND TALK THERAPY and I assume all health risks associated with this activity. I further understand the risks associated with



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general outdoor activity, and the hazards that may be presented by natural causes or acts of other persons or animals, whether negligent or intentional.

Because WALK/RUN AND TALK THERAPY is held outdoors, in public places, I understand that Roseanne T. Myers, MS, LPC cannot guarantee the confidentiality of the information I choose to disclose during such activities, including but not limited to: the possibility that I may encounter another person I know, the therapist may encounter another person she knows, or another person may overhear what I or my therapist says while I am participating in WALK/RUN AND TALK THERAPY, and/ or my therapist may be recognized by others as a therapist.

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/RUN AND TALK THERAPY, or else I agree to bear the costs of such injury or damage to myself.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ,  
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS  
DOCUMENT.**

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Printed name

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Signature

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Date



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