N A N I W A D D O U P S, LPC
MENTAL HEALTH COUNSELING

RELEASE OF LIABILITY FOR WALKING THERAPY

I have agreed to participate in mental health therapy while walking outside. I understand that by doing so I am exposing myself to risks (such as physical injury) that are different than meeting in the therapy office.

I also understand that meeting outside of the therapy office compromises the guarantee of confidentiality: I may be seen with my counselor, or others may overhear the counseling conversation.

I release Nani Waddoups from any liability, fiscal or otherwise, for any claims relating to Walking Therapy.

This Release has been read and fully understood by the undersigned and has been explained to me.

_____ _____

Client Date

_____ _____

Nani Waddoups Date

♦ 819 SE MORRISON #220 ♦ PORTLAND, OR 97214 ♦ 503-784-6214
♦
♦ NANI@NANIWADDOUPS.COM ♦