



Center for Family Development
1404 E 11th Ave
Spokane WA 99202
509.744.1117
www.cffdspokane.com

Walk and Talk Therapy

Information - Consent - Release of Liability

Walk and Talk Therapy is a form of psychotherapy delivered while walking outside. Your therapist may offer walk and talk sessions as an optional treatment method. Some clients enjoy the experience of movement while talking or feel more comfortable talking side-by-side. All walk and talk therapy sessions begin and end at a Center for Family Development office.

This document outlines the terms of participation and addresses potential risks associated with this form of therapy. Please read this document carefully and ask your therapist any questions before signing. Your signature indicates that you have read, understood, and agree to the terms outlined herein.

Consent for Participation in Walk and Talk Therapy

I, _____, understand that I am voluntarily participating in walk and talk therapy sessions offered by the Center for Family Development and my therapist. I have been provided with information regarding the nature of walk and talk therapy and understand that it involves conducting psychotherapy sessions while walking outdoors.

I acknowledge that this form of therapy may not be suitable for everyone and that it is my responsibility to communicate with my therapist if I am uncomfortable physically or emotionally while participating in walk and talk therapy. I acknowledge I have the right to withdraw my consent for walk and talk therapy now or at any time in the future and to request a return to office-based therapy sessions without penalty.

I agree that I am responsible for setting the walking pace of the walk and talk session.

I recognize that complete confidentiality cannot be maintained when outdoors, and I accept the possibility that other people may hear parts of my conversation. I understand that if my therapist and I encounter a person that I know, I have the right to disclose or not to disclose that I am in a therapy session. I understand that my therapist will follow my lead should we encounter a person I know, and my therapist will make every effort to preserve client confidentiality and privacy while conducting my walk and talk therapy session.

I understand that if my therapist should come into contact with a person he/she/they know, my therapist will not acknowledge me as a client or the walk and talk therapy session as counseling to preserve confidentiality.

I consent to receive therapy services outside of the office setting, a service offered through the Center for Family Development. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way required by the Center for Family Development.

Walk and Talk Therapy Liability Waiver

I, _____, hereby release, indemnify, and hold harmless the Center for Family Development, and any associated therapists, contractors, staff, or affiliates from any and all liability, claims, demands, actions, or causes of action arising out of my participation in walk and talk therapy sessions.

I understand that walk and talk therapy sessions will take place in public outdoor spaces, and I consent to the potential exposure to weather conditions, uneven terrain, and other environmental factors that may arise during our sessions. I understand that while the therapist will take reasonable precautions to ensure my safety during walk and talk therapy sessions, there are inherent risks associated with outdoor activities, including but not limited to slips, trips, falls, and encounters with wildlife, vehicles, or other individuals.

I agree to assume full responsibility for any injuries, damages, or losses that may occur as a result of my participation in walk and talk therapy sessions, including those caused by the negligence or misconduct of my therapist, the Center for Family Development, or any associated staff, contractors, or affiliates.

I understand that this is not exercise or a workout, and that while movement may be a benefit to me physically, the focus is not about exercise. I understand that my therapist is acting as a mental health professional under the scope of his/her/their mental health license - not as a fitness trainer or in any other capacity.

I recognize that this form of therapy may involve strenuous physical activity including, but not limited to, cardiovascular activity. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this form of therapy. I agree to seek a doctor's approval before beginning walk and talk therapy if appropriate. I take full responsibility for my medical and physical well-being and will

not hold the Center for Family Development legally or financially responsible for any medical conditions and/or accidents that may arise out of walk and talk therapy.

I have read and fully understand and agree to the above terms of this Agreement. I agree that I have had all questions answered by my therapist.

In consideration of my participation in this form of therapy, I hereby release the Center for Family Development from any claims, demands, and/or causes of action as a result of my voluntary participation.

Client Signature

Date

Guardian Signature

Date