

Talk and Walk Liability Waiver Form

This form must be on file in order to participate in Talk and Walk counseling services.

Permission is hereby granted for

Name of client

to participate in **Talk and Walk counseling services** as sponsored by **Mental Health Solutions LLC**

We, the client and parents/guardian, will not hold Mental Health Solutions LLC, Satu Woodland or employees liable in case of client accident, injury, illness or any other adverse occurrence while participating. Satu Woodland and employees will exercise reasonable caution to protect you, your son or daughter from adverse occurrence.

We accept that at times we may be in the vicinity of other people who may hear incidental parts of our conversation and will exercise reasonable caution to protect private information.

Permission is also granted for Satu Woodland or her employees to call 911 or take the client named above to a doctor and/or hospital if there is a need for emergency medical attention.

In order to better serve the needs of each client, Satu Woodland and employees should be informed of any physical/medical restriction, allergies, conditions, etc., that could affect the client at the time of the event. Such information should be attached to this form and will remain confidential with Satu Woodland/Mental Health Solutions.

Signed waiver must be submitted before client will be allowed to participate!

(Client)

(Date)

(Parent/Guardian if applicable)

(Date)

Name and number of emergency contact while client is on walking session.

Name _____ Phone _____

Relationship to client: _____