



Liability Waiver/Informed Consent Form

"I, _____, have enrolled in the personalized *Walk & Talk Therapy* offered through Jennifer Reimann, MSW, LICSW. Walk & Talk therapy is a form of psychotherapy that incorporates walking while talking about issues and problem-solving. I recognize that complete confidentiality cannot be maintained in this venue, and I accept the possibility that other people may hear parts of my conversation. I recognize that this program/form of therapy may involve strenuous physical activity including, but not limited to, cardiovascular activity. I hereby affirm that I am in physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this program/form of therapy. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way required by Jennifer Reimann, MSW, LICSW."

"In consideration of my participation in this program/form of therapy, I, _____, hereby release Jennifer Reimann, MSW, LICSW, from any claims, demands, and/or causes of action as a result of my voluntary participation and enrollment."

"I fully understand that I could injure myself as a result of my enrollment and subsequent participation in this program/form of therapy and I, _____, hereby release Jennifer Reimann, MSW, LICSW, from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to heart attacks, muscle strains, muscle pulls, muscle tears, shin splints, injuries to knees, injuries to back, injuries to foot, or any other illnesses or soreness that I may incur."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Patient Signature

Date