



## Outdoor Therapy Consent for Services And Waiver of Liability

### Outdoor/Off site Therapy Description

Conducting therapy outdoors is an experiential form of therapeutic work that draws on the resources and wisdom of the natural world. Nature can support your healing journey by helping you connect with a sense of place and belonging, in addition to challenging your usual ways of being in the world. While some outdoor or nature therapy takes place in remote settings, you can also participate in urban environments or park settings. Some of the activities and environments you might participate in include the following:

- Walking on public sidewalks, bike paths, and the land to either side
- Exploring public parks and open space
- Interacting with the natural world (earth, water, plants, animals, minerals, etc)
- Walking on trails
- Walking off trail in the woods, open fields, or other outdoor locations
- Being stationary in parks, on park benches or in the general outdoors

### Outdoor Psychotherapy Consent For Services

In order to participate in these psychotherapy activities, which are frequently held in public locations, it is important for you to read, understand, and agree to the following:

- I understand that outdoor/off site therapy activities may take place at facilities or on premises not affiliated with Key Therapy Counseling. I further understand that Key Therapy Counseling and its affiliates do not take responsibility for any aspect or condition of these independent facilities or premises.
- I understand that there are potential physical dangers inherent in some of the activities associated with being outdoors/off site, including but not limited to exposure to ticks, insect bites, poison ivy, exposure to the elements including heat, rain, cold weather; and activities associated with physical exertion. I assert that I do not have any medical condition, including allergies, that might make participating in outdoor/off site therapy unadvisable. I affirm that I am in proper physical condition to participate in outdoor therapy activities and further acknowledge that my therapist is not able to provide any type of medical clearance or advice for me with regard to my readiness to engage in these activities. I understand that if I have questions or concerns about my capacity or readiness to engage in any of these activities, I will consult first with my physician or other appropriate health care provider.
- I understand that there are potential risks inherent in outdoor therapy. I agree to indemnify and hold harmless Key Therapy Counseling and its affiliates for any harm that may befall me related to uncontrollable external factors. These include but are not limited to physical and/or psychological injury or illness related to uneven ground, inclement weather, insect stings, animal bites, falling branches or rocks, trip and falls, sunburn, exposure to cold/heat, equipment failure, acts of Nature, and more.



- I understand that privileged communication between me and my therapist cannot be guaranteed in settings outside the office as I may be seen or heard by others. I understand that my therapist will endeavor to support confidential communications and maintain professional boundaries to the

fullest extent possible when we are outside of the office. However, I agree to indemnify and hold harmless Key Therapy Counseling for any harm that may befall me related to engaging in therapeutic activities in a public venue.

Based upon my representation that I am in proper physical health and condition to participate in wilderness therapy, I agree:

1. To take full responsibility for my physical safety and to not to engage in any activity in which I do not feel safe;
2. To let my therapist know if I have any questions or issues that arise after agreeing to any of these activities and to recognize that simple consent for these services does not require me to participate in them and that I can rescind this consent at any time;
3. To fully disclose any mental, physical, or emotional condition/s or limitation/s which might affect my ability to participate in the activities of outdoor therapy;
4. To assume all risk of injury to myself and all risk of damage to and loss of my property arising out of my participation in outdoor therapy;
5. For myself, my heirs, executors, administrators, personal representatives and assigns, to release and forever discharge Key Therapy Counseling from any and all liability for any injury, including death, and for any and all liability, claims, demands, actions, loss and damage arising out of or in any way connected with my participation in outdoor therapy.

By signing below, I agree to these conditions and voluntarily consent to receiving therapy services off site/outdoors:

Client's name: \_\_\_\_\_ Date: \_\_\_\_\_

Client's signature: \_\_\_\_\_

Therapist's signature \_\_\_\_\_ Date: \_\_\_\_\_