



RELEASE OF LIABILITY

**For Meeting with Your Therapist at an Alternative Location
Off-Site from the Physical Premises of
Intown Counseling & Wellness, LLC**

READ CAREFULLY – THIS WAIVES CERTAIN LEGAL RIGHTS

This document pertains to my decision to meet with my therapist at an alternative location off-site from the physical premises of **Intown Counseling & Wellness, LLC** (hereinafter referred to as “The Practice”). In exchange for participation in meeting with my therapist at an alternative location, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by The Practice, or the owners, employees, independent contractors, representatives, volunteers, renters, or agents of The Practice.

2. I RECOGNIZE THAT THERE ARE CERTAIN INHERENT RISKS ASSOCIATED WITH THE ABOVE DESCRIBED ACTIVITY AND I ASSUME ALL RISKS AS WELL AS FULL RESPONSIBILITY FOR PERSONAL INJURY TO MYSELF AND (IF APPLICABLE) MY FAMILY MEMBERS, AND FURTHER RELEASE AND DISCHARGE AND HOLD HARMLESS THE PRACTICE AND ITS OWNERS, EMPLOYEES, INDEPENDENT CONTRACTORS, REPRESENTATIVES, VOLUNTEERS, RENTERS, OR AGENTS FROM ANY AND ALL LIABILITY, CLAIMS AND/OR CAUSES OF ACTION FOR INJURY, LOSS OR DAMAGE ARISING OUT OF MY OR MY FAMILY'S USE OF OR PRESENCE UPON THE OFF-SITE LOCATION, WHETHER CAUSED BY THE NEGLIGENCE OR FAULT OF MYSELF, MY FAMILY, THE PRACTICE OR OTHER THIRD PARTIES.

3. I agree to indemnify and defend The Practice against all claims, causes of action, damages, judgments, costs or expenses, including reasonable attorney fees and other litigation costs, which may in any way arise from my or my family's experience of or presence upon the alternative location where I meet with my therapist off-site from the physical premises of The Practice.

4. I agree to pay for any damages to the alternative location where I meet with my therapist caused by my or my family's negligent, reckless, or willful actions.

5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Georgia law.

In case of an emergency, please contact _____

(Relationship: _____) at (_____) _____ (Day),
or
(_____) _____ (Evening).

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Participant (please print name): _____ Date: _____

Participant
Signature: _____

Treating Therapist (please print): _____ Date: _____

Therapist
Signature: _____