



RELEASE OF LIABILITY

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

PLEASE READ CAREFULLY – THIS DOCUMENT AFFECTS YOUR 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 consideration of being allowed to meet with my therapist at an alternative location, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and, if applicable, my family members, agree to the following:

1. **Compliance with Instructions**

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

2. **Assumption of Risk & Release of Liability**

I acknowledge that there are inherent risks associated with meeting with my therapist at an alternative location. I voluntarily assume all such risks and take full responsibility for any personal injury to myself and, if applicable, to my family members. I further release, discharge, and hold harmless The Practice, along with its owners, employees, independent contractors, representatives, volunteers, and agents, from any and all liability, claims, or causes of action for injury, loss, or damage arising from my or my family’s presence at the off-site location, whether caused by my actions, the actions of my family, The Practice, or other third parties.

3. **Indemnification**

I agree to indemnify and defend The Practice against any and all claims, causes of action, damages, judgments, costs, or expenses, including reasonable attorney fees, that may arise from my or my family's presence at the alternative location where I meet with my therapist.

4. **Responsibility for Property Damage**

I agree to pay for any damage caused to the alternative location where I meet with my therapist as a result of negligent, reckless, or intentional actions by myself or my family members.

5. **Governing Law**

Any legal or equitable claims that arise from my participation in off-site therapy sessions shall be governed by the laws of the State of Georgia.



Emergency Contact Information

In the event of an emergency, please contact:

Name: _____

Relationship: _____

Phone (Day): _____

Phone (Evening): _____

Acknowledgment of Understanding

I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I AM VOLUNTARILY SURRENDERING CERTAIN LEGAL RIGHTS.

Client Information

Client Name (please print): _____

Client Signature: _____

Date: _____

Therapist Information

Treating Therapist (please print): _____

Therapist Signature: _____

Date: _____