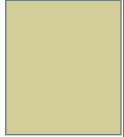


**FAITH G. HARPER, PHD, LPC-S, ACS, ACN  
A HEALING ALTERNATIVE COUNSELING AND WELLNESS  
CENTER, LLC**

8603 CROWNHILL, SUITE 3 SAN ANTONIO, TX 78209



**Liability Waiver/Informed Consent Form**

\_\_\_\_\_ have enrolled in the personalized *Walk & Talk Therapy* offered through Faith G. Harper, PhD, LPC-S, ACS, ACN. Walk & Talk therapy is a form of psychotherapy that incorporates walking while talking about issues and problem-solving. Participating in Walk & Talk Therapy and being out in public involves some limits to confidentiality that we can address in several ways. I will do everything that I can to protect your confidentiality during Walk & Talk Therapy Sessions if you choose to participate in this form of treatment, and it is important that we acknowledge and address the risks involved. Some of the ways we can work towards maximum confidentiality are to adjust our walking pace when we need to create distance from others who might be around us, to take another route or direction, or to find another more secluded place to sit and talk. If someone familiar approaches us, we can avoid introductions by politely excusing ourselves. It is up to you whether you want to acknowledge me as your therapist, and I will follow your lead and always aim towards protecting your confidentiality. If you choose to participate in this form of treatment, we will discuss any concerns and how you would prefer potential risks to confidentiality to be handled.

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 good 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 Faith Harper.

In consideration of my participation in this program/form of therapy, I, \_\_\_\_\_, hereby release Faith Harper 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 Faith Harper 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 illness or soreness that I may incur.

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

\_\_\_\_\_(Client Signature)

\_\_\_\_\_(Date)