



## Participant Agreement Form – Guided Forest Therapy Walk

McKenzie Bossert, MA, LCMHC, NCC, CEDS – ANFT Certified Forest Therapy Guide

Deep Roots Counseling PLLC, 2201 Candun Dr, Unit 101, Apex, NC 27523

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Full Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information (email/phone): \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

### Part 1: Liability Release. You are responsible for your own well-being and safety on this walk.

1. I acknowledge that outdoor activities in natural areas entail known and unanticipated risks that could result in loss, damage, or injury.
  - a. Risks inherent in outdoor activities include, but are not limited to:
    - i. Walking in hot, cold, or otherwise inclement weather
    - ii. Falls from slipping or tripping on rocks, branches, and uneven terrain
    - iii. Exposure to biting insects, ticks, poison ivy, and poisonous snakes
    - iv. Exposure to diseases carried by ticks and other biting insects
2. I agree and promise to accept responsibility for my own safety and well-being during this activity. I understand that participation is voluntary and that I may at any time opt to not participate in any part of the activity should I feel that it is not safe or that I simply do not want to participate for any reason.
3. I voluntarily release, waive, discharge, covenant not to sue, and hold harmless McKenzie Bossert with Deep Roots Counseling PLLC and the Association of Nature and Forest Therapy Guides and Programs (ANFT) from any and all claims, demands, damages, costs, expenses, and liability which are in any way connected with my participation in this activity.
4. If I have a medical condition or health concern that I think the guide should be aware of, I will inform them prior to the start of the walk.

Yes, I agree to the above conditions.

### Part 2: Policies and Procedures.

1. I understand that the walk will commence “rain or shine,” except for severe weather conditions (i.e., high winds, thunder and lightning, etc.).
  - a. I accept responsibility to dress comfortably and appropriately for the weather.
  - b. I accept that, for the safety of participants, the guide may cancel the walk with limited notice in the case of severe weather conditions; and I will have the option to transfer my registration to a future walk or receive a full refund.
2. I understand that I will not be provided a refund if I cancel my registration with less than 24 hours’ notice—this policy ensures that the guide has sufficient time to contact prospective participants on the waitlist.
3. I agree to cancel my registration if I am exposed to (in the past 6 days) or test positive for COVID-19.

Yes, I agree to the above conditions.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_