

Consent for Engagement in Outdoor Ecotherapy

Ecotherapy individual sessions and groups offered by Sara Riggs MSW, LCSW support clients/participants in experiencing a deep and nurturing connection with the natural world, as well as an opportunity to heal and explore barriers to reconnection and embodiment. These sessions and groups can involve a modest level of physical activity and thought, and planning is taken to support individuals' well-being. Nevertheless, participation in any movement or outdoor activity involves inherent risks that cannot be eliminated, regardless of the care taken to avoid injuries.

1. I understand that ecotherapy carries with it inherent risks that include, but are not limited to bruises, sprains, other injuries, exposure to poison ivy/oak, sunburn, reactions to insect bites or stings, and possible wild animal contact.
2. I agree to assume full responsibility for any risks, injuries or damage, known or unknown, which I might incur because of my participation in ecotherapy.
3. I acknowledge that participation in the event exposes me to a possible risk of personal injury.
4. I am fully aware of this risk and hereby release Sara Riggs any and all liability, negligence or other claims arising from or in any way connected with the event.
5. I give my permission to Sara Riggs to seek emergency medical diagnosis or treatment for me in the event that I am unconscious or unable to make my own decisions.

Because ecotherapy is conducted outdoors in public places, you understand that there are confidentiality risks and consequences to your participation. One of us may encounter another person that we know, and another person may overhear what we are saying. I will do my best to safeguard our session's details through discreteness and awareness of the environment, while you can stay present with your therapeutic experience.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I HAVE VOLUNTARILY CHOSEN THE ACTIVITIES IN WHICH I AM PARTICIPATING. BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Full Name: _____

Emergency Contact: (Name/phone/relation) _____

Signature: _____

Date: _____