



482 S. Landmark Ave  
Bloomington IN 47404  
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## Release for Walking Sessions

To be completed by all clients wishing to participate in walking sessions or other sessions involving exercise.

**Release of Liability:** I waive, release and forever discharge Spencer Psychology and its staff from any and all responsibility and/or liability for any injuries or damages resulting from participation in walking counseling sessions. I accept any risk associated with exercise and voluntarily participate in these sessions.

**Health Status Affirmation:**

I declare myself to be physically sound and suffering from no condition, impairment or infirmity that would prevent my participation. I acknowledge that I have been told to ask my doctor if walking for at least 45-60 minutes and possibly longer, without a break is acceptable for my health status.

I hereby state that I have read and fully understand the above statements as they apply to me. I voluntarily authorize this consent. A fax or copy is the same as the original.

Printed Name:
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Signature:	Date:
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