

Walk and Talk Therapy – Informed Consent and Release of Liability
Alison Goldberg, LPCC3503 – Licensed Professional Clinical Counselor

Client Name: _____

Date of Birth: _____

Date of Consent: _____

1. Description of Walk and Talk Therapy

Walk and talk therapy is a form of psychotherapy conducted outdoors, typically while walking side by side in a public or natural setting such as a park or walking trail. Sessions maintain the same professional and ethical standards as office-based therapy, but with the added element of movement and nature.

Walk and talk therapy can also be considered a **somatic therapy**, as it involves engaging the body in the therapeutic process. “Somatic” means “relating to the body.” In this context, the physical movement of walking supports emotional and psychological healing by connecting the mind and body. Research suggests that movement can help regulate the nervous system, reduce anxiety, and deepen emotional processing.

2. Potential Benefits

- **Movement and body awareness** can enhance emotional regulation and mindfulness, especially when used as part of a somatic therapy approach.
- **Improved mood and reduced stress** through physical activity and natural surroundings.
- **Side-by-side orientation** can reduce the intensity of face-to-face communication and promote comfort and openness.
- **Increased access to creative and reflective thinking**, which may emerge during rhythmic, forward movement.

3. Potential Risks and Limitations

While walk and talk therapy offers many benefits, it is important to understand and accept the associated risks:

- **Confidentiality cannot be fully guaranteed** in outdoor settings. Despite efforts to choose quiet locations, there is a possibility of encountering others or being overheard.
- **Physical risks** include tripping, falls, insect bites, sun exposure, or other health incidents related to walking outdoors. Clients are responsible for their own physical safety and are encouraged to dress appropriately and remain hydrated.
- **Weather, air quality, and environmental distractions** may impact the session experience or require rescheduling.
- **Limited accessibility to emergency services** compared to office-based sessions.
- **Emotional vulnerability** may increase when processing feelings while physically active, especially for those new to somatic practices.

4. Client Acknowledgments

By signing this form, I acknowledge and agree to the following:

- I am voluntarily participating in walk and talk therapy with Alison Goldberg, LPCC3503.
- I understand that this form of therapy includes physical movement and is considered somatic in nature.
- I have disclosed any relevant medical conditions or concerns that may affect my ability to safely participate.
- I am aware of and accept the risks involved, including potential exposure to others and lack of complete confidentiality in public spaces.
- I may choose to discontinue walk and talk therapy at any time and request in-office or telehealth sessions instead.

5. Release of Liability

I release and hold harmless **Alison Goldberg, LPCC3503**, from any and all liability, claims, demands, or causes of action arising out of or related to my participation in walk and talk therapy. This includes, but is not limited to, injury, illness, accident, or property damage, unless caused by gross negligence or willful misconduct.

I understand that I assume full responsibility for my physical safety and well-being during these sessions.

6. Emergency Procedures

In the event of a medical emergency during a session, I authorize Alison Goldberg, LPCC3503, to contact emergency services (911) or take other reasonable action. I understand that my therapist is not a medical provider and cannot administer medical care.

7. Session Adjustments

Sessions may be rescheduled, moved to telehealth, or returned to office-based care due to weather conditions, environmental concerns, or other unforeseen circumstances. Alison Goldberg will make reasonable efforts to notify me in advance.

Client Signature: _____

Date: _____

Therapist Signature (Alison Goldberg, LPCC3503): _____

A handwritten signature in black ink, appearing to read 'Alison Goldberg', written over a horizontal line.

Date: June 11, 2025