

RELEASE OF LIABILITY
FOR PARTICIPATION IN EXPOSURE THERAPY

READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Exposure Therapy organized by Trillium Springs Counseling (TSC) located at the above address and/or use of the property, facilities and services of TSC, either owned by TSC or utilized by TSC and this or other locations, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by TSC, or the employees, representatives or agents of TSC.
2. I recognize that there are certain inherent risks associated with the above described activity, and I assume full responsibility for personal injury to myself and (if applicable) my family members. I further release and discharge TSC for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of TSC, whether caused by the fault of myself, my family, TSC or other injured parties.
3. I agree to indemnify and defend TSC against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use or my or my family's presence upon the facilities of TSC.
4. I agree to pay for all damages to the facilities of TSC caused by my or my family's negligent, reckless or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Georgia law.

In case of an emergency, please contact: _____
(Relationship: _____) at: (____) _____ (Day) or
(____) _____ (Evenings)

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Participant: _____

Dated: _____ Signature: _____

Address: _____

