



**NICK CARDONE RCT-C, CCC, M.ED.
COUNSELLING, PSYCHOTHERAPY, ADVENTURE
THERAPY
902-456-3613**

RELEASE OF LIABILITY

- I understand that during my participation in the therapy for which I have consulted Nick Cardone of Free Range Therapy for, I may be exposed to situations and environmental conditions where the stresses and hazards may be greater or different than those I normally encounter. Such activities could include **low-risk adventure activities** (hiking on local trails, indoor rock climbing, mountain biking, etc.) or **sports/physical activities** (urban walks, soccer, basketball, golf, etc.). I understand, too, that although Nick Cardone has taken precautions to provide proper organization, supervision, instruction and equipment for all activities, circumstances may arise which are not foreseeable or which are beyond the control of Nick Cardone. I acknowledge that the Nick Cardone cannot guarantee absolute safety.
- I also understand that I am, in part, responsible for my own safety and I agree to comply with the instructions and directions provided, or communicate any concerns I have about my own comfort or safety with Nick Cardone.
- I agree to assume all of the risk arising out of my participation in therapy with Nick Cardone of Free Range Therapy. This includes, but is not limited to, any risks that are unforeseeable.
- To the best of my knowledge, I am in good physical condition (except as noted previously) and capable of participating in an active outdoor and adventure therapy program. In this regard, I have informed Nick Cardone of Free Range Therapy of relevant medical history and I acknowledge that Nick Cardone will rely upon such statements as to my medical condition. Authority is granted for me to be given emergency medical treatment as deemed appropriate.

Please check boxes:

- I HAVE READ AND UNDERSTAND THIS FORM.
- I ACKNOWLEDGE THAT THIS FORM IS A CONDITION OF AGREEING TO OUTDOOR OR ADVENTURE THERAPY WITH NICK CARDONE OF FREE RANGE THERAPY.
- I AGREE TO THE TERMS OF THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK.

Emergency Contact (Name/phone numbers): _____

(In the event of an emergency, your contact person will be contacted as soon as possible.)

Participant Signature

Date