



NATURE-INFORMED THERAPY – INFORMED CONSENT

Nature-informed group therapy may take several forms. It may involve sitting outdoors in a public place such as a park bench or pavilion. It may also take the form of walking while addressing therapeutic topics. If you decide to walk, some of the activities you might participate in include walking on sidewalks/bike paths and/or exploring public parks and open spaces. The focus of the experience is therapeutic, supportive, and educational, not exercise, though physical activity may be a secondary benefit.

The specific benefits of outdoor group nature therapy are likely to be helpful for your well-being in a variety of ways (e.g., rhythmic movement, potential helpful changes in brain chemistry evoked through physical movement, increased opportunities for connection with self, nature, and community, nature supported strategies for grounding/relaxation).

NATURE-INFORMED THERAPY CONSENT FOR SERVICES

In order to participate in Nature-Informed Group Therapy outdoors, which is frequently based in public and/or outdoor locations, it is important for you to read, understand, and agree to the following:

- I understand that nature-informed therapy activities may take place at facilities or on premises not affiliated with Guided in Nature LLC/Lauren Bathgate, LCSW-C or Acupuncture & Wellness Center. I further understand that Acupuncture & Wellness Center and Guided in Nature LLC/Lauren Bathgate, LCSW-C do not take responsibility for any aspect or condition of these independent facilities or premises.*
- I understand that there are potential physical dangers inherent in some of the activities associated with nature-informed therapy, many of which are those associated with any type of outdoor activity. I affirm that I am in proper physical condition to participate in nature-informed therapy activities and further acknowledge that the nature therapist is not able to provide any type of medical clearance or advice about my readiness to engage in these activities. I understand that*



if I have questions or concerns about my capacity or readiness to engage in any of these activities I will consult first with my physician or other appropriate health care provider.

- I understand that there are potential risks inherent in nature-informed therapy. I agree to hold harmless Acupuncture & Wellness Center and Guided in Nature LLC/Lauren Bathgate, LCSW-C for any harm that may befall me related to uncontrollable external factors. These include but are not limited to physical and/or psychological injury or illness related to uneven ground, inclement weather, insect stings, animal bites, falling branches or rocks, sunburn, exposure to cold/heat, equipment failure, acts of Nature, and more.*

- I understand that privileged communication between me and the nature therapist cannot be guaranteed in settings outside the office as I may be seen or heard by others. I understand it is my responsibility to keep all participants' information confidential and that the nature therapist will endeavor to support confidential communications and maintain professional boundaries to the fullest extent possible when we are outside of the office. However, I agree to indemnify and hold harmless Acupuncture & Wellness Center and Guided in Nature LLC/ Lauren Bathgate, LCSW-C, or any harm that may befall me related to engaging in therapeutic activities in a public venue. Based upon my representation that I am in proper physical health and condition to participate in outdoor/nature-informed therapy, I agree:*
 - 1. To take full responsibility for my physical safety and to not to engage in any activity in which I do not feel safe;*
 - 2. To let the nature therapist know if I have any questions or issues that arise after agreeing to any of these activities and to recognize that simple consent for these services does not require me to participate in them and that I can rescind this consent at any time;*
 - 3. To fully disclose any mental, physical, or emotional condition/s or limitation/s which might affect my ability to participate in the activities of outdoor group nature therapy;*
 - 4. To assume all risk of injury to myself and all risk of damage to and loss of my property arising out of my participation in outdoor therapy;*
 - 5. For myself, my heirs, executors, administrators, personal representatives and*



assigns, to release and forever discharge Acupuncture & Wellness Center and Guided in Nature LLC/ Lauren Bathgate, LCSW-C from any and all liability for any injury, including death, and for any and all liability, claims, demands, actions, loss and damage arising out of or in any way connected with my participation in nature-informed group therapy.

BY SIGNING BELOW, I AGREE TO THESE CONDITIONS AND VOLUNTARILY

CONSENT TO RECEIVING GROUP NATURE-INFORMED THERAPY SERVICES:

Client Signature: _____

Printed Name: _____

Date: _____



RELEASE AND WAIVER OF LIABILITY

Please read this document carefully and discuss any questions you may have with us. When you sign the document, you will be stating that we provided you with this information and it will represent an agreement between us:

By completing this form, you are indicating that you have chosen to voluntarily participate in outdoor group nature therapy offered through Acupuncture & Wellness Center by Lauren Bathgate, LCSW-C/Guided in Nature LLC. Activities vary and may include, among others, walking and hiking forest terrain. You further understand and acknowledge that the activities in outdoor therapy have risks, including certain risks which are inherent. Inherent risks are those which cannot be eliminated without destroying the unique character of these activities. You understand that all types of bodily injury and disability, including death, are a risk to participating in these activities. You understand that Acupuncture & Wellness Center and Lauren Bathgate, LCSW-C/Guided in Nature LLC and any staff members under their charge assume no responsibility or liability for your participation in this outdoor nature therapy, and you agree to assume all the risks of participating.

Initials here: _____

I understand and voluntarily agree to release, waive, and agree not to sue Acupuncture & Wellness Center and Lauren Bathgate, LCSW-C/Guided in Nature LLC, or any staff member under their charge, for any and all claims, damages, costs, attorney's fees, or causes of action which I have or may in the future, as a result of damages or injuries relating to the participation or travel to and from outdoor therapy, arising out of or incident to any negligent act or omission by Acupuncture & Wellness Center and Lauren Bathgate, LCSW-C/Guided in Nature LLC. I knowingly give up valuable legal rights, including the right to sue.

I understand and agree that outdoor nature therapy can't guarantee confidentiality.

Initials here: _____

Client Name: _____

Client Signature: _____

Date: _____