



PO Box 763  
280 Main Street, Suite 14  
Hill City, SD 57745  
Office: 605.390.8791

403 National Street, Ste 1  
Rapid City, SD 57702  
Office: 605.390.8791

## Accident Waiver and Release for Liability

I, \_\_\_\_\_, release Suzette Wasvick Counseling Services from all liability and hereby assume all of the risk of me or my minor child participating in outdoor walking associated with counseling sessions.

I certify that:

I am physically fit and able to walk.

My minor child is physically fit and able to walk.

I certify that there are no health-related reason or problem which preclude my participation in this activity.

**I certify that I have read this document and fully understand its content.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Date