

CLIENT RELEASE AND WAIVER AGREEMENT

Section 1. **Certification of Identity:** I certify that I am: (a) At least 18 years of age, (b) Not acting in the capacity of a reporter or agent for any form of news media, (c) Not a registered sex offender, and (d) I have not been convicted of a violent crime.

Section 2: **Nonsexual Environment: No sexual activity shall be permitted.** I agree to remain fully clothed, and behave in a non-sexual manner at all times. I understand that, although intimate, sessions are strictly platonic and nonsexual.

Section 3. **Voluntary Participation; Respect for Boundaries:** I agree that (a) my attendance at this session is voluntary and for my personal enjoyment only, (b) I will not engage in any non-consensual, touching, badgering or intimidation of any kind, (c) **I will refrain from taking drugs or alcohol before, and be sober during my session,** and (d) I will comply with any and all federal, city, state or county laws, statutes or regulations during my session. I understand it is my responsibility to know and communicate my general state of health and any conditions or special limitations that may affect my session.

Section 4. **Payment, Reschedule & Cancellation:** The hourly rate of \$80 shall be paid either 24 hours prior to the scheduled session, via PayPal, or will be payable in cash at the end of each session. I understand that if a situation arises in which I must cancel my appointment, I need to provide at least 24 hours' notice. Cancellations and re-scheduled sessions will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

Section 5. **Indemnification & Waiver of Liability:** I hereby agree to release, waive, hold harmless and indemnify Cheri Anderson from any and all claims, loss, liability, costs, or damages to personal or physical property, of any nature, whether known or unknown, in law or in equity, which may arise in, from, or related to the course of any platonic touch session provided to me by Cheri Anderson.

Section 6. **Assumption of Risk:** I assume full responsibility for any risk of bodily injury, illness, psychological or emotional harm, death, or property damage, to myself or others, arising from my attendance or participation in this platonic touch session provided to me by Cheri Anderson. Without limiting the foregoing, I acknowledge and understand that this session may explore new emotional concepts and may involve

situations in which I feel uncomfortable, and I willingly assume that risk. Further, I acknowledge and understand that while platonic touch sessions can be incredibly therapeutic, Cheri Anderson is not a licensed counselor or psychotherapist.

Section 7. **Safety:** I understand that our session will be kept confidential. However, I also understand that for security reasons, **my address, driver's license number, and contact information will be made available to a trusted third party** who will access it only if necessary. In addition, I understand that Cheri Anderson may decline to provide or terminate a session at her sole discretion and for any reason, including but not limited to reasons of comfort or safety, at any time.

Section 8: **Social Media & Confidentiality:** Due to the importance of confidentiality and the importance of minimizing dual relationships, I understand that Cheri Anderson does not accept "Friend" or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). Adding clients as friends or contacts on these sites can compromise my confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it. We can establish warmth and friendliness, but we cannot become personally involved outside of the therapeutic touch setting. This extends to social media. All content of our sessions together will be held in the strictest confidentiality. If we should see each other outside of the therapeutic touch setting, I, Cheri Anderson, will only acknowledge that I know you if you choose to greet me first, in which case I will respond in kind.

I HAVE READ AND FULLY UNDERSTOOD THIS RELEASE AND WAIVER OF LIABILITY, AGREE TO AND/OR ACKNOWLEDGE THE TERMS, REPRESENTATIONS, AND INFORMATION SET FORTH ABOVE, AND FREELY AND VOLUNTARILY SIGN BELOW. I UNDERSTAND THAT BY SIGNING BELOW, I MAY BE GIVING UP SUBSTANTIAL RIGHTS AND I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Print Name: _____ DL#: _____

Address: _____

Signature: _____ Date: _____