

## **Virtual Support Services Agreement & Waiver**

Business Name: The Release Room, LLC

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

### **1. Nature of Services**

I understand that the services provided are for personal growth, support, and stress release purposes only, and do not constitute medical, psychiatric, or emergency care.

### **2. Confidentiality & Group Participation**

For group sessions:

- I agree to respect the privacy of all participants.
- I will not share or record any personal information disclosed by others in the group.

### **3. Technology Risks**

I acknowledge that participating in virtual sessions involves internet-based communication, which may be subject to interruptions, data breaches, or unauthorized access despite reasonable security measures.

### **4. Assumption of Risk**

I understand that discussions may bring up strong emotions. I accept responsibility for my own well-being during and after sessions, and I will seek professional help if needed.

## **5. Release of Liability**

I release and hold harmless Kathy Salinger, The Release Room, its owners, staff, and contractors from any claims, demands, or causes of action related to my participation, whether in individual or group sessions, including emotional distress or technology-related issues.

## **6. Emergency Clause**

I understand that if I am in crisis or feel unsafe, I will contact emergency services or a crisis line (e.g., 988 in the U.S.) rather than relying solely on this service.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_