

THE TABLETOP ADVENTURE

AUTHORIZATION FOR THIRD-PARTY/GUEST INVOLVEMENT RELEASE OF LIABILITY

The purpose of this form is to allow a representative game master from The Tabletop Adventure (hereafter referred to as "Guest") to participate in a therapy session as a third-party participant of the client. The guest will be attending sessions upon request and authorization of the client. The Guest will not be considered a client. The Guest's participation is solely to act as a game master for a Tabletop Role Playing Game (TTRPG) and to conduct a TTRPG session with the client. During this session the professional responsible for the client will have the opportunity to take Psychotherapy and Process Notes. These notes will not be shared with the Guest.

For all intents and purposes the guest will be a representative from The Tabletop Adventure and will be signed as such. The client, by scheduling a session with The Tabletop Adventure, will agree to and acknowledge that the Guest is invited to attend this session and is welcomed to share their thoughts and opinions if prompted.

Client name (printed) _____ Date: _____

Therapist/Counselor/Specialist name (printed) _____ Date: _____

*I, _____ (the client), do hereby authorize the game master from
The Tabletop Adventure to participate in my therapy/counseling session with my
therapist/counselor/specialist, _____ (therapist/counselor/specialist
name). I acknowledge that my guest is participating to provide a role-playing experience through a
TTRPG and that through roleplay I will have the opportunity to practice behavioral, Coping, Decision-
Making, and/or similar goals that will help me achieve my treatment goals.*

By signing below, the client understands/acknowledges the following:

1. The Tabletop Adventure and representative Guest are released from liability and the client waives their right to sue. The client is voluntarily participating in this activity (TTRPG Session), understand there are risks (such as mental duress and having a traumatic trigger) which may occur from their participation in this activity.
2. All information discussed during a TTRPG session is considered general and open discussion and there is no confidentiality requirement in place.
3. The Tabletop Adventure and the Guest representing them will not be providing therapy or counseling services but will be running a game that can allow the client and their therapist/counselor/specialist to reflect on the session through a therapeutic lens.
4. Participation in the client's session does not make the Guest a client of the therapist/counselor/specialist.
5. Participation in the client's session does not authorize the Guest to have access to the client's medical records, psychotherapy notes, or process notes.
6. The Guest will be attending upon the request and approval of the client.
7. The client is exploring TTRPG with their therapist/counselor/specialist present so that they can work on therapeutic goals outside of the TTRPG game. These goals can be communicated to the Guest for consideration around how to structure or modify subsequent TTRPG sessions but there is no obligation for this information to be shared.
8. The client can terminate the Guest's participation at any time.
9. This agreement is not the same as an "Authorization to Release Information". If the client wishes for the therapist/counselor/specialist to be able to communicate with the Guest without the client being present (via email, phone call, etc), the client must fill out an "Authorization to Release Information" form.

By signing below, I affirm that I understand and agree to these agreements, and that the Guest is solely responsible for conducting a TTRPG session and providing services related to a TTRPG session. The Tabletop Adventure and representative Guest will not in any way be held responsible for the actions of the client.

Client name (signature) _____ Date: _____

Parent/Guardian (signature) _____ Date: _____

Therapist/Counselor/Specialist name (signature) _____ Date: _____