



CONSENT FORM FOR PARTICIPATION IN MINDFULNESS COURSES

*This consent form is **mandatory** for participation in courses and workshops at the Center for Child and Family Well-Being.*

I hereby give my consent to participate in the course Mindfulness-Based Stress Reduction, with the facilitator(s) Becca Calhoun, MPH. I understand that my participation in any part of the course is voluntary. I understand that I can stop participating in any activity at any time if I so chose, at any point throughout the course.

RISKS, STRESS, DISCOMFORT

I understand that I may feel mentally and/or physically uncomfortable during parts of the course. I understand some movement exercises, which are part of the course, may lead to injury. It is my responsibility to do all exercises in an aware and gentle manner so as to minimize chance of injury. I understand there may be other risks associated with the course not known to me or not reasonably foreseeable at this time. I understand that I am solely responsible for the care for all aspects of myself.

I understand the course is offered as an educational experience, and is in no way the practice of medicine or a substitute for medical attention, examination, diagnosis or treatment. I also understand that this course is not a mental health treatment or a substitute for diagnosis or treatment for a mental health or substance use problem such as depression, anxiety, or addiction. I understand that nothing that goes on in the course is designed to treat any specific condition.

CONFIDENTIALITY

I understand that all communication during this course is confidential and I agree not to discuss with or approach members of the course outside of the course about anything said in the course. I further will not discuss the communication of others in the course with anyone not in the course.

CONCLUSION

I confirm that I understand the risks and cautions associated with taking this course. I understand that the facilitator(s), at her or his sole discretion and either in the interest of the group or of myself, may withdraw me from the course.

I acknowledge that I have read this entire document, that I understand its terms and provisions, that it is a binding agreement, that by signing it I am giving up substantial legal rights I might otherwise have, and that I am signing it knowingly and voluntarily. I agree for myself, my heirs, administrators, personal representatives, and assigns, to hold harmless CCFW, its faculty and staff, the course facilitator, and any and all of her or his associates, employees, volunteers, agents, successors, or assigns (the "Released Parties"), from any and all liabilities, losses, costs, claims, demands or causes of action, past, present and future, known or unknown, relating to any actions in the course or any harm, physical or mental, that results from my participation in the course, and agree to indemnify the Released Parties for all judgments, costs, attorney fees and other expenses incurred as a result of a breach of this agreement.

Signed this _____ day of _____, _____.

Participant Signature

Witness Signature (non family member)

Participant Name

Witness Name (print)

Participant Address

Witness Address

Participant Phone Number

Witness Phone Number

EMERGENCY CONTACT INFORMATION

Please provide an emergency contact. This person should be someone who could pick you up from the course or make transportation arrangements if necessary.

Participants Name (first, last): _____

Emergency Contact (first, last): _____

Relationship to participant: _____

Phone: _____ Secondary Phone: _____