

Informed Consent Form

Program Name: _____

Date of Program: _____

(hereinafter referred as the Program)

Informed Consent Agreements:

- I am participating in the Program of my own free choice and not as a result of coercion, pressure, or to satisfy anyone other than myself.
- I am aware and understand that this Program involves a potential risk of physical and/or emotional stress. I agree that East Coast Sage Circle is responsible only for the orderly presentation of the Program and that I am responsible for my own participation and my own well-being.
- I, _____ (please print), hereby voluntarily consent to participate in the Program. I understand this Program is educational. It is not a substitute for psychotherapy.
- I understand that, in addition to the benefit, there is always the risk of emotional and/or medical contingencies in a group experience. I hereby authorize the Program staff to take any reasonable steps on my behalf in the case of an accident, injury, or illness, including but not limited to emergency first aid, doctor, nurse, and/or ambulance services, etc. I agree to be liable for the cost of any such action taken on my behalf, and hereby release East Coast Sage Circle and the Program staff from liability therefrom.
- I take responsibility for consulting with a medical doctor and/or my therapist concerning any known or potential physical or mental condition that I have or may have, for the purpose of getting medical permission to participate in the Program. I assume the risk, by this consent, of any illness during the Program, and hereby release the East Coast Sage Circle and the Program staff from liability therefrom.
- I understand that no member of the Program staff may solicit business or market personal goods and services. The Program staff may not initiate or participate in a new sexual relationship with a participant from the Program for a period of one year following the Program

Signature: _____

Date: _____

Informed Consent Form - Part 2

Program Name: _____

Program Date: _____

Name:

Address:

City: _____ State: _____

Zip: _____

Home Phone: () _____

Work Phone: () _____

Email: _____