

Waiver of Liability

- I voluntarily agree to participate in activities at the 8-week MSC program. I hereby assume all risks of injury to me and my property that may be sustained in connection with activities undertaken during the program.
- I understand that I must provide the name and contact details of an emergency contact person in order to attend MSC.
- I understand that the teachers are not expected or able to provide medical and/or psychological care. I agree that, in the event a teacher determines that I need professional medical or psychological attention, the teacher has the authority and sole discretion to contact the designated emergency contact person or 911 emergency services.
- Any costs incurred for health services are my responsibility and not the responsibility of the teacher or the course facility.
- I further understand that participation in MSC is at the discretion of the teachers at all times. If, in the opinion of the teachers, I am unable to continue to participate productively in the course, I may be asked to leave.
- If I am taking prescription medications of any kind and discontinue taking them during the program, this may be grounds to be asked to leave.
- I understand that MSC is a compassion skills training program, not group therapy. MSC is designed to teach participants the tools needed to develop and cultivate a mindfulness and self-compassion practice. I understand that MSC does not take the place of personal therapy.
- I understand that personal safety and emotional wellbeing are the foundation of self-compassion training and that I am primarily responsible for my own safety. I will not push myself to do anything that feels distressing or harmful. If I feel overwhelmed, I will stop what I am doing or slow down until I feel comfortable again. If I need to discuss a personal matter, I can consult with a teacher but I understand that the opinions of others are not a substitute for caring for myself in the best way I know.
- I have read this agreement and fully understand its contents. I sign it of my own free will. I am of legal age and accept the above disclaimer and authorization.

Your Name (*please print legibly*)

Signature

Date

Consent for Video Recording

This is to verify that you, _____ have agreed to allow Denise Funfar and Bento Soares to record all sessions of the Mindful Self-Compassion course with the exception of what occurs in breakout rooms. Digital recording will be made primarily of the teacher, but it is possible that your voice or name may also be recorded and stored securely on a hard drive. Your participation will not be affected if you decide not to consent. In any use of the recordings, your full legal name will not be identified.

1. The recordings can be reviewed by my teacher and her supervisor. _____ Initials

You have read the above description and give your consent for the use of recordings as indicated above.

Signature Date