

Prayer For Compassion Agency
Informed Consent & Disclaimer Statement

Page #1 of 2

INFORMED CONSENT

- I understand that this is an experiential retreat and that my attendance and participation is entirely voluntary and that I do so at my own risk.
- I understand that I may decline to participate, at will, during any part of the program.
- I understand I may withdraw completely from the entire retreat program at any time and if I do so, I agree to leave the premises immediately.
- I understand that any personal information shared by me during my involvement in the entire retreat program is at my sole discretion and that every effort will be made by the retreat staff and facilitators to hold such information in confidence. However, I understand that the confidentiality of such information cannot be absolutely guaranteed by the staff, facilitators, or organizers and I agree to hold them harmless in the event of any inadvertent or deliberate disclosure of my personal information by other retreat participants.
- I agree to hold in full confidence and not disclose to other persons any and all personal information shared by other participants, including names and professions, or the details of any participants behavior during the retreat program. I agree to respect the privacy of all retreat attendees
- I understand that the retreat facilitators and staff are mandated by federal and state law to break confidentiality regarding certain disclosures made by me or other participants pursuant to active child abuse, elder abuse, or imminent threats of harm to self or others.
- I understand that I may be enrolled in this retreat program only by giving my informed consent as indicated by my signature below and only if I agree to adhere to the program ground-rules. I understand that I may be asked to leave the retreat for willful disregard of the safety and wellbeing of myself or others.
- I understand that the retreat program or any part thereof may be suspended or discontinued at any time, without my consent and without compensation, by the program organizer, sponsoring institution(s), facilitators or any public service agency (police/fire) for reasons of safety of staff or participants, including but not limited to acts of God.
- I understand that I have not been promised any type of compensation for my involvement in this retreat program.
- I have had an opportunity to ask the program organizers and/or facilitators any questions I have about this retreat and my questions have been answered to my satisfaction.
- I understand that I have the right to question and refuse any procedures, experiential processes and activities that I may be asked to perform during the retreat sessions.
- I know what the possible risks and benefits are from taking part in this retreat program. I also understand that I may not benefit, or my mental, emotional, or behavioral condition may be adversely affected if I take part in this experiential program. I assume all responsibility for the mental, emotional and physical outcome of my voluntary participation.
- I understand that the purpose of this experiential retreat program is to provide the participants with opportunities for personal exploration, creative expression and social interaction with other like-minded individuals. This experiential retreat program is **NOT** to be construed as **psychotherapy, psychiatric services or mental health treatment.**
- I understand that I will receive a signed and dated copy of this Statement of Informed Consent.

**Prayer For Compassion Agency
Informed Consent & Disclaimer Statement**

DISCLOSURES AND RELEASE OF LIABILITY

The *Participant* acknowledges that this experiential retreat, sponsored by **Prayer For Compassion Agency**, does not constitute formal psychotherapy, psychoanalysis, or psychiatric services and participation in this program does not establish a formal therapeutic relationship between the participants and any facilitator, agent or organizer. Further, the participant acknowledges that he/she has been duly informed that experiential processes, seminars, retreats, and retreats presented by PFC are not intended to replace psychotherapy, psychoanalysis, psychiatric, or other medical services provided by trained, licensed professionals. (initial _____).

This statement of informed consent does not constitute any form of guarantee of personal, professional, or economic outcome resulting from the participant's involvement and the *participant* assumes full responsibility for his/her decisions, actions, behaviors and any consequences arising there from, based in whole or in part on the content of the retreat program. By his/her signature below, the participant agrees that the **Prayer For Compassion Agency**, retreat organizers, facilitators, and staff shall be held harmless in any actions taken by the participant, whether personal, professional, social, or economic as a result of implementation of any concepts, theories, opinions or advice provided during the course of this retreat or thereafter in perpetuity. (initial _____).

I have voluntarily signed this **Statement of Informed Consent** prior to participation in any experiential processes, and in so doing, I certify that I have read and fully understand the content herein. ***I certify that I have not been coerced in any way*** to participate in this experiential retreat program and do so at my own risk. Therefore, I voluntarily agree to take part in this retreat program, I assume fully responsibility for my actions and involvement in then entire program, I hereby release the **Prayer For Compassion Agency** staff, agents, or assignees of any liability for emotional distress or any form of personal loss resulting from my participation.

Signature of Participant **Date**

Printed Name of Participant **Date of Birth** **Social Security #**

Printed Name and Signature of Person Obtaining Consent **Date**
For The Prayer For Compassion Agency