

**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 the teacher is 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 911 emergency services, as well as the designated emergency contact person provided.
* Any costs incurred for health services are my responsibility and not the responsibility of the teacher.
* I understand that I must provide the name and contact details of an emergency contact person in order to attend MSC. The teacher will make every effort to communicate with this person in the event of an emergency. This person is someone who can either collect me from the facility or help to make transportation arrangements if I need to leave the retreat early.
* I further understand that participation in MSC is at the discretion of the teacher at all times. If, in the opinion of the teacher, 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.
* By completing this release and consent I assume all risk for any physical, mental and/or emotional consequences of participating in this process/program.
* By signing this release and consent I also specifically and expressly agree to hold harmless, indemnify and release Michael LaValle, Ph.D and Janet Sandman from any and all liability for the results of the educational guidance that will be or have been provided.
* I understand that no guarantee is made as to the outcomes or results of this educational training program.
* I understand that while this program may have therapeutic benefits, it is not psychotherapy or a substitute for psychotherapy. Michael LaValle is a Licensed Psychologist but his role in this course is strictly as a facilitator and teacher of Mindful Self-Compassion. Thus, any interactions between myself and Michael LaValle should not be construed as being psychotherapy and do not imply a clinical relationship between us. I agree that if I am in need of psychotherapeutic support or intervention, I will seek it through appropriate channels including, but not limited to, asking for referrals from Dr. LaValle.

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*) ................................................................................................................................

(Typed name in signature space serves as signature)

Signature ................................................................................................... Date ...............................................................