**Day of Mindfulness - Waiver of Liability**

* I voluntarily agree to participate in activities at the Day of Mindfulness event on 11/12/22. I hereby assume all risks of injury to me and my property that may be sustained in connection with activities undertaken during this event.
* 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 further understand that participation in the Day of Mindfulness 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.
* By completing this release and consent I assume all risk for any physical, mental and/or emotional consequences of participating in this event.
* By signing this release and consent I also specifically and expressly agree to hold harmless, indemnify and release Michael LaValle, Ph.D., the Dallas Center for Mindfulness & Compassion, and the First Unitarian Church of Dallas from any and all liability related to the activities offered during the Day of Mindfulness.
* I understand that no guarantee is made as to the outcomes or results of this event.
* 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 teacher of mindfulness-based practices. 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 ...............................................................