

Participant Information & Waiver Agreement

Last Name: _____ Suffix: _____

First Name: _____ MI: _____

Client's DOB: _____ Age: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Current Residential Location:

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other: _____

OK to leave message or text? Y/N

OK to leave message or text? Y/N

Best phone to receive a call? _____

Email - best: _____

Emergency Contact:

Name: _____

Relationship: _____ Phone: _____

STATEMENT OF LEGAL UNDERSTANDING

I understand that a group experience facilitated by Dr. Chris Chance is a learning opportunity, a way to connect with others, and may bring me benefits of a sense of support or increased knowledge or personal insights. Dr. Chance makes every effort to create a safe emotional space for all participating to explore and challenge each other in a positive way, but can not guarantee any particular quality of experience or outcome. I also understand that risks can include emotional distress or anxiety associated with group participation, and if needed I have discussed any predictable concerns with Dr. Chance prior to commencing participation.

I understand that early in the group process, agreements will be reviewed including but not limited to definitions of respectful community behavior and norms for the particular workshop or sharing circle, and confidentiality. It is critical for everyone's peace of mind that we exercise a zero tolerance policy for gossip outside the circle about any truth spoken here. If I break any important norms and agreements, I understand Dr. Chance reserves the right to dismiss me from further participation without refund.

I agree to take personal responsibility in the event that distress occurs, including accessing emergency assistance if I were to become unsafe (e.g, with significant suicidal thoughts), by phoning 911 or utilizing other community resources (e.g., UNH campus crisis team). I further understand how to contact Dr. Chance after a group experience to request referral information if I feel in need of additional support.

Regarding physical health concerns, I understand Dr. Chance exercises due diligence as directed by the American Psychological Association (APA) and Centers for Disease Control (CDC) to minimize risk of transmission of disease (e.g, available hand sanitizer, windows open as possible), but can not guarantee an infectious disease-free environment. Also, if the workshop includes any physical movement, I understand it is my responsibility to honor any physical concerns I might have that require special care (e.g., prior injuries), and will adjust as needed to care for my body, taking all movement-related suggestions as such. No particular movement is ever required during meditations in motion such as YogaDance.

I agree not to consider Dr. Chance legally responsible for any undesired outcomes I may view as associated with my group experience. I agree to hold Dr. Chris Chance harmless from any legal claims, actions, or judgments concerning my participation.

Participant Signature

Date