



Beyond SurvivingTM

In keeping with my enrollment in the *Beyond Surviving* course, I agree to:

- Attend all sessions from _____ to _____, 20____.
- Be on time for each session of the course.
- Refrain from taking any non-prescription drugs or alcohol within 24 hours of any session.
- Pay a tuition of \$_____, including a deposit of \$_____. I understand that this deposit is non-transferable and non-refundable. Please return a signed copy of this agreement with the deposit.
- Respect the confidentiality of all participants and their remarks, and agree to keep all such information private and confidential.
- Return the completed course information sheet and a signed copy of this agreement three weeks prior to the first session of the course.

INFORMED CONSENT - LIABILITY RELEASE

I understand that this course is educational and is not to be construed as psychotherapy or as a substitute for psychotherapy. I understand that the facilitators are not therapists but directors, sharing experience, strength, and hope for the purpose of helping others to grow beyond similar issues.

I have discussed the course thoroughly with a former student and/or an active facilitator of Beyond Surviving and I understand that, in addition to the benefit, there is always the risk of emotional and/or medical contingencies in such a group experience. I assume the risk, by this consent, of any accident or illness which might occur during, or as a direct result of, the course; and I hereby release any and all facilitators and/or participants of the course from any liability arising there from.

I understand that, if I am currently under the care of a psychologist or psychiatrist, it is required that I attend the program only with the written permission of my therapist.

I hereby authorize the facilitators of Beyond Surviving to take any reasonable steps on my behalf in the case of accident, injury or illness, including, but not limited to, emergency first aid; doctor, nurse and/or ambulance services; and, if deemed appropriate, hospitalization for medical attention; and I agree to be liable for the cost of any such action which is taken on my behalf and hereby release the facilitators of Beyond Surviving from any liability arising there from.

I agree to the above terms and conditions.

Name (print): _____

Address: _____

Phone Number(s): _____

Email: _____

(Signature)

(Date)

Authorized *Beyond Surviving* representative: _____

(Signature)

(Date)