

SACRED PATH HEALING INFORMED CONSENT AND RELEASE

I am registering for Sacred Path Healing by my own free will. I understand that this course includes classes, meditation, experiential work, process work, healing demonstrations, yoga, group work as well as lecture/discussion.

I have received general information about Sacred Path Healing and understand that the curriculum may be stressful at various stages. Sacred Path Healing is designed for healthy and emotionally stable people. Persons with a physical, mental, or emotional disorder who may be unable or unwilling to sustain themselves in emotionally stressful situations should not enroll in Sacred Path Healing. I understand that if the Sacred Path Healing faculty determine, at any time throughout the curriculum, that I need to participate in additional regularly scheduled psychotherapy sessions with a practitioner approved by the faculty or to see a physician or other health care professional, I will need to follow through with the suggestion to be able to stay in the Sacred Path Healing program.

I state that I am not now nor have I been hospitalized for a mental/psychological disorder within the last five years. I am not currently taking psychiatric, seizure disorder, or prescription calming or sedating drugs and that I have not taken these medications in the last two years. I understand that I may be asked to stop the curriculum if these medications should become necessary at any time during the course of Sacred Path Healing. I am presently to the best of my knowledge physically and emotionally stable. If for any reason I feel that I become mentally/emotionally unstable, I agree to consult my physician or other health care practitioner.

I also agree to not use alcohol during the Sacred Path Healing curricular days. I also agree to refrain from the use of illegal drugs during the Sacred Path Healing year.

I agree to the process of students practicing and interacting with me and me with them in intensive experiential exercises. I also agree to be the recipient of healing demonstrations as appropriate. I agree that I will not hold the faculty or Sacred Path Healing liable or responsible for any aspects of student practice or faculty healing demonstrations.

I understand the essential responsibility for confidentiality of the identity and conversation by and about both students and faculty in Sacred Path Healing. I agree not to divulge or discuss what goes on in Sacred Path Healing outside of the classroom. I further agree to not use any mailing list or make direct solicitation for any product or service to other Sacred Path Healing participants while enrolled in the school.

I understand and agree that all written and other materials which may be presented during the Sacred Path Healing curriculum are the property of Sacred Path Healing and may not be utilized. I also agree to not video/audio/or photograph any portions of the curriculum without consent by the Director of Sacred Path Healing. I also understand that I am not prepared to offer services of Sacred Path Healing for payment until I have completed the program. I also understand that I must abide by the laws of the state in which I reside regarding the practice of healing.

Sacred Path Healing Informed Consent and Release Form, p. 2

I release Sacred Path Healing and all faculty from all risk of physical and emotional injury which may occur during or after the curriculum. I agree to release all faculty from any liability, loss, cost, or damage arising out of my participation in Sacred Path Healing.

I understand and accept the above rules and regulations as a condition of my acceptance into Sacred Path Healing and as a continuing condition to my remaining in Sacred Path Healing. I am over 18 years of age. I have read and consent to all conditions on this informed consent/release.

Signature:_____ Printed Name_____

Date:_____