

Perinatal Support Group of Northern Michigan
Waiver and Release of Liability for in-person group

Participant's First Name and Last Name is used in place of "Participant's Full Name" and "I" throughout this document.

Full name: _____

Email address: _____

By initially the following and signing the waiver, you are agreeing to the terms of this form and all rules set forth by facilitator(s).

_____ I, [Participant's Full Name], hereby acknowledge and understand that I am voluntarily participating in the Perinatal Support Group of Northern Michigan ("the Group") in-person session. I agree to abide by the terms and conditions outlined in this waiver and release of liability.

_____ Confidentiality: I understand that the Group aims to create a safe and confidential space for all participants. I agree to maintain the confidentiality of all discussions, personal information, and identities of other participants. I will not record or share any content from the in-person sessions without explicit permission from the Group's facilitators and participants.

_____ No Professional Support: I acknowledge that the Group facilitators are not medical or mental health professionals. The information provided during the sessions is for support and educational purposes only. It is not intended to replace professional medical advice, diagnosis, or treatment. I agree to consult my healthcare provider for any medical or mental health concerns I may have.

_____ Group rules: I have received a copy, read and will abide by the group rules for participation in Perinatal Support Group of Northern Michigan group sessions.

_____ Release of Liability: In consideration of being allowed to participate in the Group's virtual Zoom session, I, on behalf of myself, my heirs, and assigns, hereby release, indemnify, and hold harmless the Group facilitators, their affiliated organizations, and their respective officers, directors, employees, volunteers, and representatives from any and all claims, damages, injuries, losses, or expenses that I may incur arising out of or in connection with my participation in the Group's activities.

_____ Indemnification: I agree that I will indemnify and hold Perinatal Support Group of Northern Michigan and its volunteers, facilitators, and members harmless from all claims, loss, damage, costs and expenses arising out of or related to your participation in the support group or the information contained herein. I further agree that Perinatal Support Group of Northern Michigan shall not be liable to me or anyone else for any decision made or action taken by you in reliance on information contained herein or for any consequential, special or similar damages, even if advised of the possibility of such damages.

_____ Choice of Law: This waiver and terms of use will be governed and interpreted pursuant to the laws of the State of Michigan, without giving effect to any principles of conflicts of laws. You specifically consent to personal jurisdiction in Michigan in connection with any dispute between you and Perinatal Support Group of Northern Michigan arising out of these terms of use.

I have carefully read and fully understand the contents of this Waiver and Release of Liability. I am aware that by signing this document, I am waiving certain legal rights, including the right to sue. I voluntarily agree to the terms outlined in this waiver and release.

Printed name

Date

Signature