**Emily Frazier, LCSW**

237 A Castlewood Drive, Murfreesboro, TN 37129

Phone: 615-260-3883 FAX: 615-849-3730

Workshop Intake & Contract

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone # (Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Alert Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I signify that I understand and agree to abide by the following:

**Confidentiality**: Participants must be able to speak freely and openly. I agree to respect the privacy of the people who are participating. My identity and the identity of other of the group will remain confidential.

**Participation**: I agree not to engage in activities that may disrupt the group. I will be mindful to silence cell phones during the workshop. I will try activities with an open mind, but also understand I can opt out of any activity I do not want to participate in. I do not have to answer questions or speak unless I choose to.

**Respect:** I will show respect to the experiences, opinions, and input of all members. Although I may not agree with everything shared, I will choose to have an open and respectful response.

**Informed Consent:** I understand that this event carries with it inherent risks that include, but are not limited to: bruises, sprains, other injuries, exposure to poison oak, and reactions to insect bites or stings. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation in the event. By signing my name below, I acknowledge that participation in the event exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Emily Frazier, all other participants, and the owner(s) of the premises from any and all liability, negligence or other claims arising from or in any way connected with the event. My signature further acknowledges that I shall not now or at any time in the future bring any legal action regarding this event against Emily Frazier, any other participant or the owner(s) of the premises; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature is binding to this liability waiver from this day forth. I give my permission to Emily Frazier to seek emergency medical diagnosis or treatment for me in the event that I am unconscious or unable to make my own decisions. Our role in offering medical treatment will be limited to emergency first-aid and either transportation to the nearest medical facility, or contacting such a facility to arrange emergency transport.

**Cancellation:** By nature of this workshop taking place outside, weather can be unpredictable. Typically, the workshop will take place regardless of weather. If the facilitator chooses to reschedule the workshop due to severe weather, refunds will be offered to those unable to attend the rescheduled date. No other refunds are offered for inclement weather.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Items to Bring**

* Clothes & shoes suitable for walking, sitting in grass; possibly wading in water.
* Bugspray (if desired)
* Waterbottle (if desired)
* Umbrella (if raining)