

Capital Biofeedback, Inc.

Consent to Participate

Name of Participant:

Date of Birth:

Emergency Contact Name/Number:

Is consenting to participate in _____ with Capital Biofeedback, Inc.
from _____ to _____.

In signing this consent form, I, _____ understand the risks of personal injury, including death, due to physical, mental, and emotional challenges that the activity will entail. I also understand that participation in these activities is voluntary and requires participants to follow instructions and abide by all applicable rules and standards of conduct.

With appreciation of the dangers and risks associated with the programs/activities including preparations for and transportation to and from the activity, on my own behalf I hereby fully and completely release and waive any and all claims for personal injury, death, damage of personal belongings needed for the activities or other losses that may arise against Capital Biofeedback, Inc. and all employees associated with the program/activity.

In addition, I will uphold the privacy standards set forth by Capital Biofeedback, Inc. I understand that others in this group may share personal experiences with the confidence that I will not disclose any of this information to others outside of this group. I am aware of the potential harm that may occur should I fail to upkeep the privacy standards.

Signed: _____ Date: _____