Mindfulness-Based Stress Reduction - Collaborative Program

*Irena Danys - Mindful Healers*

*Rossana Magalhaes - Rossana Counseling*

**Informed Consent Agreement**

The risks, benefits and possible side effects of the Mindfulness-Based Stress Reduction Program were explained to me.

This includes skill training in meditation methods as well as gentle stretching (yoga) exercises.

I understand that if for any reason I am unable to, or think it unwise to engage in these techniques and exercises either during the weekly sessions or at home, I am under no obligation to engage in these techniques nor will I hold the above named facility or facilitator liable for any injury incurred from these exercises.

Furthermore, I understand that I am expected to attend each of the eight (8) weekly sessions, the daylong session and to practice the home assignments for 40-60 minutes per day during the duration of the training program.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian (If a Minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECORDING CONSENT**

I understand that this program may be recorded for quality purposes. The video or audio recording will not be made publically available.

If this is of concern to you please sit away from the instructor.

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