

Informed Consent

This course, modeled on the MBSR program at Center for Mindfulness in Medicine, Health Care and Society at the University of Massachusetts Medical School, includes skill training in relaxation and meditation methods as well as gentle stretching exercises.

I understand that if for any reason I am unable to, or think it unwise to engage in these activities either at class or at home I am under no obligation to engage in them, nor will I hold Geri C. Wilimek, MSW; LICSW or the class site property owners, True North Health Care, liable for any injury sustained from these exercises and activities.

I understand that I am expected to attend each of the 8 weekly sessions and the day-long Saturday session, and that benefits of the course are linked to regular practice for 45 minutes daily, 6 days per week during the duration of the course.

Please initial the following:

___ The course instructor has my permission to contact me via telephone or e-mail regarding class business (please initial if you consent)

___ There may be video/audio recording of the instructor for professional certification during class. I give my permission for such recording, and realize my voice and/or image may be captured. This recording will remain confidential, shared only with professional evaluators.

Date

Print name

Signature



Geri C. Wilimek, MSW; LICSW

Parent or Legal Guardian (if a minor)