The Daring Way™ Workshop

Consent Form

Please read the form below and sign. Your signature indicates that you understand and agree with the content of this form.

This is a psycho-educational experience. This means that you will be experiencing interplay between education, and personal processing and growth. This process is presented as an intensive one or two day workshop.   Participation in this experience can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek attendance at a psycho-educational process.   During the psycho-educational process you may also encounter unpleasant feelings or thoughts. You may also make decisions about changes you would like to make in your behaviors and/or relationships. This experience may result in changes that were not originally intended.   During the course of the psycho-educational process, your facilitator(s) will draw on Dr. Brené Brown's shame resiliency theory. Attending a psycho-education process is not a substitute or alternative for individual psychotherapy or inpatient psychotherapy. If you are in need of names of counselors before, during, or after the psycho-educational process, your facilitator(s) will be happy to provide you with a list of providers.   I understand that I am agreeing to participate in a psycho-educational experience that carries with it the potential of positive benefits and/or unpleasant feelings. I understand that I may experience both expected and unexpected change. I understand that this is not considered, nor a substitute or alternative for individual counseling, and that I am free to participate in my own counseling during, or after this experience. I also agree to practice self-care while I participate in this group. If I am feeling overwhelmed, I will slow down, or take a break and step away. I understand that I am free to participate to whatever degree is comfortable for me, and I will not push myself beyond that to meet any perceived expectations of myself or others.

_____

Print Name

_____   _____

Signature   Date