

Trauma Psycho-education and Trauma-Centre Trauma Sensitive Yoga

Group Waiver

1. Acknowledgment of Participation

I acknowledge that participation is voluntary and that I am responsible for my own physical, emotional, and psychological well-being throughout the sessions.

2. Assumption of Risk

I recognize that participation in psycho-education discussions and trauma-sensitive yoga may involve physical movement, discussion about trauma and self-reflection. I understand that engaging in these activities carries certain risks, including but not limited to physical discomfort and emotional distress. I acknowledge that I have the right to opt out of any activity and to modify practices as needed for my safety.

3. Participation

I must not be under the influence of illegal drugs or alcohol during group. I agree to engage in group discussion in a respectful manner and agree not to physically or emotionally abuse others in the group.

4. Property.

I acknowledge that while all care is taken, Rebecca Barns and Georgia Gibbs, of the Psychological Health Centre are in no way responsible for the safekeeping of my personal belongings while I attend class. In the event I leave personal items in possession of a staff member at the Psychological Health Centre or within the building during a session, The Psychological Health Centre does not accept responsibility for any lost or stolen property.

5. Medical and Mental Health Responsibility

I confirm that I have consulted, or will consult, with my healthcare provider before participating if I have any medical conditions, injuries, or mental health concerns that may be impacted by this group.

I agree that I will notify the facilitators of any injuries, ongoing medical conditions or relevant health concerns or changes, recent surgery, or medication EVERY time I attend group.

I understand that yoga practice may be physically strenuous, and I voluntarily participate in them with full knowledge that there is a risk of personal injury. I understand that it is my personal responsibility to work with my body and to rest as much as I need to.

I recognise there may be no or inadequate treatment or transport of me if I am injured. I hereby authorize Rebecca Barns, Georgia Gibbs or other staff at the Psychological Health Centre to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of me or my family.

I agree that neither I, my heirs, assigns, nor legal representatives will sue or make any other claims of any kind whatsoever against Rebecca Barns or Georgia Gibbs, of the Psychological Health Centre for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

6. Confidentiality Agreement

I understand that this group is intended to be a safe space for learning and self-exploration, and I agree to respect the privacy of all participants. I agree not to share any personal stories, identifying details, or sensitive information outside of the group setting. I acknowledge that while facilitators encourage confidentiality among participants, they cannot guarantee it.

7. Release of Liability

I hereby release, waive, and discharge the facilitators, organizers, and affiliated institutions from any liability, claims, demands, or legal actions related to my participation in this group. This includes, but is not limited to, any injuries (physical or emotional), distress, or other effects arising from my involvement in psycho-education or yoga activities.

8. Agreement to Terms

I acknowledge that as a condition of participating in this activity, I do so at my own risk.

I certify that I am 18 years of age or older and have read this liability release document and fully understand it,

By signing below, I acknowledge that I have read and understood this waiver and I have provided information that is correct and honest. I voluntarily agree to its terms and accept full responsibility for my participation in the Trauma Psycho-education and Trauma Centre Trauma Sensitive Yoga (TCTSY) Group.

Participant Name (Printed): _____

Participant Signature: _____

Date: _____