



STATEMENT OF INFORMED CONSENT

Please initial each statement and sign the last page stating you understand and agree to the following:

_____ I agree I have the ability to give informed consent to my participation.

_____ I understand SOAR SPA is structured as an experiential retreat and that my attendance and participation is entirely voluntary.

_____ I understand the purpose of SOAR SPA is to provide the participants with opportunities for personal exploration, growth and discovery; creative expression; and social interaction with other individuals with similar experiences.

_____ I understand SOAR SPA is not to be construed as psychotherapy or psychiatric services and is not meant to be used in place of such services.

_____ I voluntarily agree to take part in SOAR SPA and I assume full responsibility for my actions and involvement in the retreat.

_____ I understand my participation does not establish a formal therapeutic relationship between the participants and the SOAR SPA facilitators, staff, and volunteers (herein after referred to as "Team") during the retreat or when the retreat is over.

_____ I acknowledge I have been encouraged to discuss my participation with my current therapist (if applicable). If I do not have a therapist, I acknowledge I have been encouraged to identify people I can speak to following the retreat about my experience.

SOAR
3208 E. Colonial Drive, #243
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I understand committing to participate in SOAR SPA includes the possibility that I will have the choice of taking part in personally and emotionally challenging activities. As a result, I understand I may or may not benefit from either taking part in these challenging activities, or choosing not to. I understand the Team is committed to helping me learn from these choices, and will be willing to help me process any reactions I may have.

I understand I have the right to question and/or refuse to participate in any activity I may be asked to participate in during the weekend. I further understand the Team may challenge and support me in risking activities that may be uncomfortable.

I understand I may withdraw completely from the entire SOAR SPA at any time. If I chose to do so, I agree that prior to leaving the retreat, I will inform at least one of the facilitators and agree to ensure with that facilitator my ability to safely leave the retreat and return home. If I decide to leave I understand the registration fee is non-refundable and I am forfeiting such.

I understand SOAR SPA and the Team make no guarantees about the benefits I will receive from my participation.

I understand that any personal information shared by me during my involvement in SOAR SPA is at my sole discretion. While the members of the TEAM are bound ethically to keep all disclosures confidential I understand participants are not bound by the same ethics.

I understand that to help facilitate the safety and ongoing recovery of all participants, it may be necessary for TEAM members to share information about myself. I give permission to SOAR SPA and the TEAM to share information if deemed necessary by the TEAM.

I understand the SOAR SPA facilitators are mandated by federal and state law to break confidentiality only if certain disclosures are made by me or other participants pursuant to active and current child abuse, elder abuse, or imminent threats of harm to others or myself.

I understand the Team will set guidelines requesting all participants commit to confidentiality as well. However, I understand my confidentiality cannot be absolutely guaranteed by the Team or SOAR SPA.

I agree to hold SOAR SPA and the Team harmless in the event of any inadvertent or deliberate disclosure of my personal information by SOAR SPA, the Team, and/or SOAR SPA participants.

I agree to respect the privacy of all participants in SOAR SPA.

_____ I agree to hold in full confidence and not disclose to other persons any and all personal information shared by other participants, including names and professions, contact information, personal history and/or story, or the details of any participant's behavior during SOAR SPA.

_____ I agree to adhere to and honor the program safety guidelines, which will be established to keep the retreat safe for everyone on the first full day of SOAR SPA, with my ability to fully participate in the drafting of these safety guidelines.

_____ If I find myself unable to follow any of the safety guidelines, I agree to talk with the Team as soon as possible.

_____ I understand I may be asked to leave SOAR SPA for willful disregard of the established guidelines and /or the safety and well being of others or myself.

_____ I understand the Team will do everything possible to avoid such actions, however, if necessary, they will do everything possible to facilitate my safe departure.

_____ I understand that once the retreat is over, it will be my responsibility to process any reactions, feelings or information I learn with my own support systems.

_____ At the end of the retreat, the TEAM is bound by the ethical standards of their profession, which preclude the formation of personal friendships between therapists and clients.

_____ I have had an opportunity to ask the Team any questions I have about SOAR SPA prior to my participation and my questions have been answered to my satisfaction.

_____ I have provided an emergency contact during the registration process. I agree that in an emergency, this person and/or my therapist may be contacted.

_____ I understand I will receive a signed and dated copy of this Statement of Informed Consent.

_____ By my signature below, I agree SOAR SPA and the Team shall be held harmless in any actions taken by me, whether personal, professional, social, or economic as a result of implementation of any concepts, theories, activities, or advice provided during SOAR SPA or any time thereafter in perpetuity.

_____ I have voluntarily signed this Statement of Informed Consent prior to participation in SOAR SPA, and certify that I have read and fully understand the content

Signature of Participant

Date

Printed Name of Participant

Date of Birth

Signature of TEAM member for SOAR SPA

Date

Printed Name of TEAM member for SOAR SPA