

**CONSENT TO PARTICIPATE**

**Participant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Other contact** (WhatsApp, Facebook, Instagram): \_\_\_\_\_

**A. INFORMED CONSENT**

The above named participant wishes to participate in \_\_\_\_\_. I understand that the practitioner has a legal obligation to report any illegal activity disclosed and to contact appropriate assistance if the client makes statements about self-endangerment. The practitioner is not a psychiatrist, psychologist, social worker, or other medical professional. The practitioner is not a legal professional. The practitioner will keep all other information private between herself and the client.

**B. RELEASE AND ASSUMPTION OF RISK**

I agree to hold the practitioner Christina M. Rau harmless from any and all liability. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

**C. CONSENT TO PARTICIPATE**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_