

**Family System Constellation Workshop**

**Consent, Waiver and Release Form**

The purpose of this form is to serve as a Consent, Waiver, and Release of all claims and assumptions of risk for your participation in Family System Constellation Work.

**Warning:**

In signing and participating in this Family System Constellation workshop, you will be expressly assuming the risk and legal liability, and waiving and releasing all claims for injuries, damages, or loss which you might sustain as a result of participating in any or all activities connected with and associated with this program.

**Assumption of Risk:**

I do hereby fully release and forever discharge the facilitator(s) and sponsor(s) from any and all claims for injuries, damages, or loss that I may have or which may accrue to me arising out of, connected with, or in any way associated with these programs/ activities.

**Waiver, Consent, and Release:**

**I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims. I am voluntarily participating.**

**Dated, on this \_\_\_\_\_ of \_\_\_\_\_, 2016.**

**Signature \_\_\_\_\_**

Printed Name \_\_\_\_\_

**To be re-affirmed, consent, waiver and released at each additional Workshop that you attend.**

Date _____ and Initial _____	Name: _____
Date _____ and Initial _____	_____
Date _____ and Initial _____	_____
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Date _____ and Initial _____	_____
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Date _____ and initial _____	_____

J. Yusuf Q. Erskine DO, Sponsor

Anneke Hogeland MS, MFT, CHom, facilitator

Note: If under 18 years of age, a parent or guardian must sign.