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Participant Informed Consent and Release Agreement

This is a legal document, and you are bound to its terms.

Please keep a copy of this document for your records.

My Personal Information

First Name: _____ Last Name: _____

E-mail: _____

Physical Address: _____

City: _____ Province: _____ State: _____

Country: _____

Phone: _____

Please initial that you have read each section.

I hereby agree to the following:

_____ **I am participating in the Somatic Experiencing® Training and any event organized by the Somatic Experiencing Southern Africa (“Training”) of my own will and volition and voluntarily agree to all the terms and conditions of this Informed Consent and Release Agreement (“Agreement”).**

_____ **I agree that all personal information of any participant relayed within the Training is strictly and completely confidential. I understand that while the names of students and assistants in my cohort will be shared whether other participants in my training, I shall not disclose any of this confidential information to any other person or entity under any circumstances. I shall not make any audio, video, audiovisual, or other recordings of any portion of the Training nor shall I duplicate, reproduce, distribute, publish, or discuss any of the confidential information contained in or related to the Training.**

_____ I agree that the Somatic Experiencing Southern Africa (S.E.S.A) shall not be liable or responsible for any unauthorized recording of the Training. I also agree that S.E.S.A shall have no liability or responsibility for the use or exploitation of any unauthorized recordings. I understand that if at any time S.E.S.A approves the recording of a Training, a separate release agreement will be provided to participants and assistants.

_____ If I agree to participate in the Training as the subject of a demonstration, I am doing so voluntarily and at my own risk. I understand that other students in my cohort may have access to a recording of the demonstration and that S.E.S.A is not liable for any unauthorized distribution of the recording by me or any third parties. I understand that the demonstration session may include questions about my personal trauma history and emotional, psychological, and physical symptoms I may be experiencing. I further understand that I am under no obligation to participate in the demonstration, that I may refuse to answer any question, and that I may pause or discontinue my participation in the demonstration at any time at my discretion. S.E.S.A has no liability or responsibility for my participation or involvement in any demonstration and I accept that any result or no result may occur due to my participation or involvement.

_____ I understand that the primary purpose for receiving credited Personal Sessions is educational—to observe and experientially learn how SE™ principles are applied in practice so as to support my professional training and development.

_____ I understand and agree that all my sessions, meetings, and consultations with Personal Session and Case Consultation Providers (“Providers”) are undertaken at my own risk and that S.E.S.A does not monitor, control, influence, or regulate Providers. I hereby release S.E.S.A and its related parties from any and all liability or responsibility for any acts or omissions of any Provider and any claims related thereto. I understand that S.E.S.A makes no representations or warranties about the characteristics or quality of the services I may receive.

_____ I understand that SEI and/or S.E.S.A is the exclusive owners or licensee of all materials utilized in the Training including, but not limited to, all printed, audio, video, digital, online, and other materials (“Materials”). The Materials also include all duplicates, reproductions, and derivatives of the Materials, as well as any materials, research, books, articles, and other works of authorship, as well as products or services, created by SEI and related to the Training (collectively, “Materials”). SEI retains all rights in and to all intellectual property utilized or referenced in the Training and the Materials including, but not limited to, the copyrights in the Materials and all associated trademarks. No Materials or

any portion thereof are sold or otherwise transferred, and SEI does not sell any title, ownership right, or interest in or to any of the Materials.

_____ **If I wish to present Somatic Experiencing in a public format, I hereby agree and acknowledge that I must be a presenter approved by SEI and S.E.S.A.** *(Please contact Kathy Hally, Legal Affairs & Ethics Manager, at ipadmin@traumahealing.org, or Minnie Loubser at admin@somaticexperiencingsouthernafrika.com.*

_____ **In the event that S.E.S.A or its authorized representative or agent or the Training coordinator or faculty member requests that I discontinue my participation and involvement with the Training,** I will immediately leave the Training and the premises upon which the Training is being held. If I withdraw from the Training S.E.S.A refund policy applies.

_____ **I understand that my participation in or involvement with the Training may present a health risk to me** and/or, if I am pregnant or may be pregnant, to my unborn child. Illness, stress, and other periods of significant personal difficulty can present a health risk. If I may suffer from any health risk or be pregnant and elect to proceed with the Training I do so at my own risk. I accept full liability for my participation and involvement with the Training. If I withdraw from the Training due to any health risk or pregnancy, S.E.S.A refund policy applies.

_____ **I agree to abide by all SEI policies, procedures, and guidelines as posted on SEI website at traumahealing.org.** All SEI policies, procedures, and guidelines are subject to change without notice to me and will be updated on SEI website. I understand and agree that it is my responsibility to check the website for updates and that I am nonetheless bound by all such policies, procedures, and guidelines.

_____ **I agree, whilst in physical or online attendance at the Training or at any other event presented by the Organizer, that I will not advertise or promote trainings, seminars, workshops, newsletters or any other goods and services for myself or on behalf of any other individual or entity, be it by verbal means or by the use of any other form of promotional material, including but not limited to flyers, leaflets, CDs and DVDs.**

_____ **I agree, not to use any psychedelics two weeks before, during and two weeks after every training module.**

_____ **I understand and agree to provide S.E.S.A with emergency contact information for two (2) individuals.** I understand that this information is being collected in order to assure my safety and well-being during the course of the SE Training and that my listed emergency contacts will only be contacted if necessary, in situations where Faculty, Assistants, S.E.S.A staff and/or students in my cohort have reason to be concerned for my safety. I understand this information is necessary due to the nature of the SE training which may present a health risk to me during a time where I may be alone, specifically in the online training format. I understand that the emergency contact information below will not be shared with any person outside of my cohort and S.E.S.A staff and will be kept confidential to the extent permissible by law.

EMERGENCY CONTACT INFORMATION

Primary Contact Name	Relationship
Telephone	Alternate Telephone
Secondary Contact Name	Relationship
Telephone	Alternate Telephone

By submitting this agreement, I certify that all the information included in this agreement is true and complete. I agree to always appear and act in a professional manner while participating at Trainings with S.E.S.A, and/or interacting with SE™ Training students, faculty, staff, assistants, and coordinators, both within and outside of the Training environment. I acknowledge that S.E.S.A reserves the right to approve or deny any application, revoke approval at any time, and approve or deny the participation of any person, in its sole discretion, with or without cause, and in accordance with its policies and the law.

This Agreement is the only agreement between me and S.E.S.A regarding my participation in the Training, supersedes any other similar agreement, and cannot be modified except in writing by S.E.S.A. This Agreement will be binding upon me and my heirs, executors, administrators, and legal representatives. This Agreement is governed by the laws of South Africa and any dispute arising from this Agreement or my relationship with S.E.S.A shall be submitted to binding arbitration in Stellenbosch, South Africa. Any resulting decision may be entered in a court of competent jurisdiction. ___ **I Agree**

Signature: _____

Date: _____