**Sharing Our Stories: Re-Opening the heart**

**Sylvia Israel, LMFT, RDT/BCT, TEP**

**Informed Consent & Release Form**

***Consent to Participate in Psychodrama Workshop***: This psychodrama workshop is designed for those interested in personal growth including mental health professionals and students, to offer knowledge and experience in psychodrama and related action methods, and to develop and enhance competencies in the practice of psychotherapy and psychodrama.

***Confidentiality Agreement:***

* I understand that in the course of this psychodrama workshop, I may be exposed to personal information about the group leader and participants. I agree to hold this information in confidence, as I would any private information shared in the context of a professional relationship.
* I understand that I am always in control of my own disclosures, including what I choose to share, under what circumstances and the way in which I choose to share it.

***Informed Consent Agreement:***

* I understand that I am enrolling in a workshop that will involve physical, emotional and psychological activities and that, as in all such undertakings, there is always some risk involved.
* I understand that I am under no obligation to assume any role or participate in any psychodrama or other experiential activity that I choose not to.
* To the best of my knowledge, I have no physical, emotional or psychological condition that would preclude me from participating in this workshop.
* I understand that I am under no obligation to provide personal information that I choose not to disclosure to the workshop leader or to the other group members.
* I understand that the group leader cannot always monitor my physical, emotional or psychological state, and I am responsible for assessing the risk that any activity poses for me and for choosing a safe course of action for my self-care.
* I understand that personal issues will come up during the course of this workshop. I also understand that this two-day workshop is not an ongoing psychodrama therapy group. I take responsibility for self-care after the workshop.
* I understand that psychodrama and related experiential approaches sometimes involve physical contact and touch. I understand that I always have the right to refuse or decline to be touched during any workshop activities.
* I understand that I can always choose to refrain from or decline any activity that might become overly stressful or risky for me.
* I understand that psychodrama is a powerful method for change, growth, and learning, and that personal issues will emerge during the course of this workshop. I hereby waive any responsibility on the part of Bay Area Moreno Institute and Sylvia Israel for any possible emotional injury I might sustain pursuant to my participation in the workshop.

**CONSENT TO PARTICIPATE AGREEMENT:**

*By my signature below, I affirm that I have read this Informed Consent & Release Form and I agree. I voluntarily give my informed consent to participate:*

Name (print):

Signature (electronic accepted):

Date: