

MINDFULNESS BASED STRESS REDUCTION PROGRAM

INFORMED CONSENT AND AGREEMENTS

The risks, benefits and possible side effects of the MBSR program were explained to me.

During the program I will be asked to practice relaxation / meditation methods as well as gentle stretching yoga exercises , according to my abilities. I understand that if for any reason I am not able to, or think it unwise to engage in these techniques and exercises (during the weekly sessions or at home), I am under no obligation to do so. I will also not hold Nico Brink (instructor) liable for any injuries incurred from these exercises

I have provided the MBSR teacher with all the relevant information about my medical and psychotherapeutic care.

The program is complementary to standard medical and psychological treatments, and is in no way a substitute.

Furthermore I understand that I need to attend each of the 8 weekly sessions and also practice the home assignments for 40 to 60 minutes per day appropriate to my abilities during the duration of the program.

I will settle the course fee before the program begins.

Date: _____

Full name & surname: _____

Signature: _____

EMAIL COMMUNICATIONS:

_____ I give permission to communicate with the instructor via e-mail.

_____ I do not give permission to communicate with the instructor via e-mail.

Signature: _____

Date: _____

SESSION RECORDINGS:

I understand that sessions will be recorded, and be used as a back-up in case someone missed a session or had issues with connectivity. This is for participant use only and not meant to be distributed. I will honour this request

Signature: _____

Date: _____

