

# BARRY KROST

## Family Constellations Facilitator & Trainer

### Family Constellations Workshop Participant Release Form

I understand that this Family Constellations workshop may bring up issues of a highly personal nature which may cause me to experience some unexpected and/or difficult emotional and/or physical responses. Further, I understand that I may experience some emotional, physical or spiritual distress that may also cause unpleasant symptoms. I agree to assume the responsibility and risk for any such manifestations encountered on my part in this workshop or future workshops.

I do not currently suffer from any major mental or physical impairment and have not been diagnosed in the past with any disorder, condition, or injury, either physical or mental, that would make it inadvisable for me to assume such risks. I am not currently in a crisis or suffering from acute trauma or distress.

I acknowledge that this workshop or future workshops are not designed as a substitute for therapy with a psychiatrist, psychotherapist, or other mental health professional, or as a substitute for any other professional consultation. I understand that Family Constellations Facilitators do not diagnose illness, disease, or mental disorders. I understand that Family Constellations are designed as an educational or spiritual experience only. I understand that no guarantees have been made to me as to the effects or benefits of such services.

I further affirm I am over the age of 18 years and no approval by a legal guardian is necessary for my participation.

All the information shared in this workshop or future workshops by participants will be considered confidential information, unless the subject of that information clearly states otherwise. I agree that I will not disclose any of this confidential information to anyone who was not a participant of this workshop or training or future workshops or trainings that I attend.

By signing this document below, I willingly agree to hold harmless, and release from all liability the facilitator of this work, Barry Krost, and Healing Body Therapeutics PLLC. I consent to participate in this Family Constellations session and/or future sessions.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**Please return this release form by sending a scanned copy or photograph via email.**