



PARTICIPATION AGREEMENT

Mind-Body-Spirit Wellness Program (Please complete and return to instructor at first class)

What is the Purpose of this Program?

The purpose of the program is to teach research-based healing skills to help you cope with life challenges and stressful conditions in a supportive small group setting. The program is founded on the principles of mindfulness and the work of the Center for Mind-Body Medicine.

Mindfulness is the art and practice of paying attention on purpose. Recent research indicates that Mindfulness can have significant positive impacts on health outcomes, stress management and well-being.

Mind-Body medicine is a way of understanding how all the parts of us are connected; thoughts, feeling, beliefs, and attitudes can affect and shape every aspect of our biological functioning.

This program is based on the work of the Center for Mind-Body Medicine founded by Dr. James Gordon. James S. Gordon, MD, a Harvard educated psychiatrist. This program is designed to help you explore and apply research based mind-body approaches, such as meditation, guided imagery, biofeedback, exercise, nutrition, drawings and group support, to help empower you to deal with life changes, stress and illness.

What will my responsibilities be if I take part in the Program?

If you participate in this program we will ask you to do the following things:

- You will participate in the Mind-Body Wellness (MBW) group program. The MBW program runs weekly for 9 weeks. Classes are 2 hours long. Each class uses a combination of educational strategies (including group discussions, reflection and practices), designed to develop participants' skills, knowledge and awareness, to enable application of learning to a variety of contexts.
- To best facilitate the integration of this learning, participants will be expected to attend all sessions and engage in developing strategies for ongoing practice and application. Participants are only allowed two planned absences.

- As part of the program, you will be asked to complete practice at home (up to 30 minutes per day) and record your activities in a practice log. This is voluntary. However, research demonstrates that those who practice between sessions receive the most benefit from the program.
- On the last day of the program you will be asked to complete an evaluation of the course.

What are the Potential Risks and Benefits of Participating?

There are minimal risks to participating in this program. This program is conducted in a group context. Some individuals feel more anxious in this setting. Generally, this anxiety reduces with time. This is primarily an educational, skills-oriented group, and we encourage participants only to disclose information they feel comfortable to disclose.

We cannot promise any personal benefits to you from your participation. Previous investigations regarding mindfulness interventions for health care providers suggest that participants may experience decreases in stress, anxiety, and low mood (Ezcuriex & Labbe, 2011). Participants may also experience an increase in self-compassion, empathy and psychosocial functioning.

Note: this program is not a substitute for medical treatment, counselling, individual or group therapy. Please consult your healthcare provider if you are in therapy or taking any medications prior to participating in this program.

In order to provide the safest possible learning experience for you, please answer the following questions (NOTE: this information will only be viewed by the MBW instructor – Erika Caspersen):

Please describe any physical conditions that might affect your participation. (Typically, you will be asked to lie on the floor for the body scan, do floor and standing postures for yoga and a movement meditation, and sit for meditations. However, modifications can be made.) _____

If you are experiencing any mental or psychological challenge or acute life event at this time that may prevent you from participating fully and safely in the program, please describe:

What if I don't want to participate or want to end participation early?

It is important for you to know that you can choose not to take part in the program. If you volunteer to participate, you may withdraw at any time. The group leader may withdraw you from this program if circumstances arise which warrant doing so.

Participant:

I have read the preceding information thoroughly. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I agree to participate in this program. I understand that all transformational programs involve risk. I will respect my own abilities and limits and ask for support and advice from the instructor(s) if I experience any physical pain or psychological distress. If I have concerns, I will consult a physician before taking the program. I assume responsibility for any injury that may result from my participation.

Name	Signature	Date
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Facilitator:

I believe the participant understands what is involved in this program.

Name, Role in Program	Signature	Date
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