



# PROVIDER 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. Once you submit your agreement, a copy will automatically be sent to the email address you provide below.

## My Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please initial that you have read each section.

I hereby agree to the following (please check ALL boxes to indicate your agreement):

\_\_\_\_\_ I am participating in the Somatic Experiencing® Training and any event organized by the Somatic Experiencing International ("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 with other participants in my training, I shall not disclose any of this or any other 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 will at all times indemnify and hold harmless the Institute, its officers, directors, agents, successors and assigns, from and against any and all claims, actions, damages, costs and expenses (including reasonable attorney fees) related to my acts or omissions in providing services related to any Training.

\_\_\_\_\_ 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 I will be solely and exclusively liable for all my acts and omissions at all sessions, meetings, and consultations related to any Trainings, including, but not limited to, at a Training event, through my private practice, and at an unaffiliated location.

\_\_\_\_\_ I understand that SEI is the exclusive owner 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.

\_\_\_\_\_ In the event that SEI 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 SEI refund policy applies.

\_\_\_\_\_ I will at all times be a fully paid and up-to-date member of a professional association maintaining an industry-standard code of ethics, AND/OR I will at all times maintain a fully paid and up-to-date professional license with an applicable regulatory agency.

\_\_\_\_\_ I agree to abide by all SEI policies, procedures, and guidelines as posted on SEI website at [traumahealing.org](http://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 understand and agree that I am responsible for my own expenses, such as meals, travel, lodging and other expenses related to assisting in the Training. In the event that a Training is cancelled, or if I withdraw from the Training, SEI carries no responsibility for any of my expenses incurred.

\_\_\_\_\_ **No grievance, complaint, or action has been brought or filed against me** before any licensing, regulating, associative, or legal body for any violation or misconduct of any kind.

\_\_\_\_\_ **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.** (Please contact Kathy Hally, Legal Affairs & Ethics Manager, at IPAdmin@traumahealing.org, for more information.)

\_\_\_\_\_ **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 understand and agree to provide SEI with emergency contact information of two persons below.** I understand that this information is being collected in order to assure my safety and well-being during the course of the online SE Training and that my listed emergency contacts will only be contacted if necessary in situations where Faculty, Assistants, SEI 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 online SE Training, which may present a health risk to me during a time where I may be alone. I understand that the emergency contact information below will not be shared with any person outside of my cohort and SE International staff and will be kept confidential to the extent permissible by law.

## EMERGENCY CONTACT INFORMATION

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**By submitting this agreement,** I certify that all the information included in this agreement is true and complete. I agree to appear and act in a professional manner at all times while participating at Trainings with SEI, and/or interacting with SE Training students, faculty, staff, assistants, and coordinators, both within and outside of the Training environment. I acknowledge that SEI 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 SEI regarding my participation in the Training,** supersedes any other similar agreement, and cannot be modified except in writing by

SEI. This Agreement will be binding upon me and my heirs, executors, administrators, and legal representatives. This Agreement is governed by the laws of the State of Colorado and any dispute arising from this Agreement or my relationship with SEI shall be submitted to binding arbitration in Boulder, Colorado in accordance with the Commercial Arbitration Procedures of the American Arbitration Association. Any resulting decision may be entered in a court of competent jurisdiction.

\_\_\_\_\_ I Agree

Signature: \_\_\_\_\_ Date: \_\_\_\_\_