

FAMILY CONSTELLATION WORK
RELEASE FORM

I understand that constellation work may bring up issues of a highly personal nature that may cause me to experience emotional or physical responses that may be unexpected and/or unpleasant. I also understand that there is a risk of accident or emotional distress. I agree to assume this risk, and take full responsibility for my experience. I also realize I am free to leave at any time during a session.

Constellation work is not designed as a substitute for therapy or as a substitute for any other professional consultations. It is designed as an educational venue.

As a member of this workshop, I will not repeat outside this class other members' names or specific information shared in the group. I agree to respect the confidentiality of others, as I would want them to respect mine.

By signing this document below, I willingly agree to hold harmless and release from all liability, Gail Cloud, organizers, facilitators, the facility, and all participants in the constellation work.

Participant signature _____

Print name _____

Email address _____

Phone _____

Date _____