

MenHealing
WEEKEND OF RECOVERY STATEMENT OF INFORMED CONSENT

Please save to your computer, fill in the blanks, and email as an attachment to
trishamassa@weekendsofrecovery.org

I understand that I _____ (name of participant) may begin participation in this Weekend of Recovery (WOR) only by giving my informed consent as indicated by my signature at the end of this Informed Consent Form. In signing this Informed Consent, I acknowledge and represent that I have read and understood the following, I am at least eighteen (18) years of age and fully competent; and I execute this Informed Consent fully intending to be bound by the same.

I acknowledge and confirm:

- ...I have the ability to give informed consent to my participation.
- ...My attendance and participation is entirely voluntary.
- ...I am capable and of sound mind to fully participate in the collaborative drafting of safety guidelines with other participants and the facilitator staff.
- ...I am willingly committing to adhere to the safety guidelines that will thereby be established as the collaborative boundaries for this Weekend of Recovery (WOR).
- ...I have been encouraged to discuss my participation with my current therapist (if applicable) and that my current therapist will be asked by MenHealing to provide a letter of support for my participation.
- ...If I do not have a therapist, I acknowledge I have been encouraged to identify people I can speak to following the weekend about my experience here.

INITIALS HERE _____

I understand the WOR is structured as an experiential learning program, intended to support me in my healing process, and designed to provide opportunities for personal exploration, creative expression and social interaction with other like-minded individuals. I further understand and agree that:

- ...the WOR provides an adjunct to psychotherapy and is **NOT** to be construed as psychotherapy or psychiatric services or as a substitute for personal therapy.
- ...any personal information shared by me during my involvement in the Weekend of Recovery is voluntary and at my sole discretion.
- ...my participation does **NOT** establish a therapeutic relationship between me and any facilitator during the WOR or when the day is over.
- ...neither the Facilitator Team nor MenHealing can guarantee the benefits I may receive from my participation

INITIALS HERE _____

I understand that the role of the Facilitator Team is to support me and the other participants for personal healing. I further acknowledge and understand that:

- ...facilitators are bound by the ethical standards of their profession to keep all disclosures confidential. These ethical standards are available to workshop participants upon request.
- ...the facilitators work as a team and that in order to help facilitate the safety and ongoing recovery of all participants, it will be necessary to share my confidential information among the team – and that I hereby give permission to share such information within the team.
- ...the facilitator team will empower all participants throughout the day to commit to confidentiality as well.
- ...confidentiality cannot be absolutely guaranteed by the facilitators or MenHealing and I agree to hold them harmless in the event of any inadvertent or deliberate disclosure of my personal information by other workshop participants.
- ...I have had an opportunity to ask the facilitators any questions I have about this WOR prior to my participation and my questions have been answered to my satisfaction.
- ...the facilitators are mandated by federal and state law to break confidentiality only if certain disclosures are made by me or other participants pursuant to active and current child abuse, elder abuse, or imminent threats of harm to myself or others. I have provided an emergency contact during the registration process and agree that in an emergency, that person and/or my therapist may be contacted.

INITIALS HERE _____

Facilitators and venue staff will adhere to all safety guidelines that are recommended by the CDC at the time the WOR is being conducted. We will strictly enforce guidelines for participants. This may include wearing face masks at all times, maintaining physical distancing protocols, following sanitation requirements, etc. Your initial below is agreement to respect and follow all recommended guidelines for COVID-19 safety. Non-compliance with these guidelines will result in your being asked to leave the event.

INITIALS HERE _____

I agree to hold in full confidence and not disclose to other persons any and all personal information shared by other participants, including names and professions, contact information, or the details of any participant’s behavior during the Weekend of Recovery. I agree to maintain confidentiality by:

- ...respecting the privacy of all participants during and after the Weekend of Recovery.
- ...agreeing not to share outside of small group anything that is shared during small group sessions.
- ...agreeing not to share with anyone else the content of any private conversation that occurs during free time between sessions, meal time, roommates, etc.

INITIALS HERE _____

I understand that by signing this Consent Form, I am committing to participate in this single-day event as fully as possible. To enhance my experience of this event, I hereby agree to the following terms of my participation:

- ...I accept the responsibility to exercise choice in the extent to which I engage with activities that are personally and emotionally challenging.
- ...I have the right to question and refuse to participate in any experiential activity.
- ...I grant permission to the facilitators to challenge and support me in risking activities which may be uncomfortable.
- ...I will maintain an awareness that the facilitators are committed to helping me learn from these choices and I will seek them out when I need to process any distressing reactions.

INITIALS HERE _____

I understand that I may discuss any concerns about attending activities during the event. I am aware that:

- ...at any time I need, I can ask one of the facilitators to accompany me to the safe room or to another safe place where I can talk about what I am experiencing.
- ...I may withdraw completely from the entire WOR at any time. However, I agree that if I make this decision to withdraw from the WOR, prior to leaving the facility I will inform at least one of the facilitators of my small group, and I agree to discuss with that facilitator before I leave the premises about my ability to safely leave the facility and return home. I understand my small group facilitator(s) may request the WOR Manager be engaged in this discussion about your request to leave the event.
- ...to maintain the integrity of the WOR experience, I understand I am making a commitment to stay at the physical retreat site during the entire time of this event. If I am in need of any item (snacks, cigarettes, toiletries, etc.) I agree to ask assistance from a facilitator to secure that item for me. If I leave the physical premises for any reason, I understand this will be considered the equivalent of me withdrawing from my continuing participation in the event program and I understand the consequence will be my immediate discharge from the event by the WOR Manager.

INITIALS HERE _____

I understand the purpose of this single-day event is to encourage me to make social and emotional connections with the other participants. To honor this purpose and to keep the event safe, I understand and agree to comply with the following requirements for the duration of the event:

- ...I will not use alcohol, street drugs, or any non-prescribed medications.
- ...I will not use cigarettes – including e-cigarettes – other than in designated smoking areas.
- ...I will not bring weapons of any kind into any physical space that is being used for retreat activities, including dining areas, lodging facilities, and outdoor activities spaces.
- ...I will refrain from engaging in any form of physical violence.
- ...I will not engage in any sexual or romantic contact or innuendoes with any other participant.

INITIALS HERE _____

If I find myself unable to follow any safety guideline, I agree to talk with one of the facilitators to get assistance as soon as possible. I understand that:

- ...I will be asked to leave the WOR for willful disregard of the guidelines and /or the safety and well-being of myself or others.
- ...the facilitator team will do everything possible to avoid such actions; however, if necessary, they will do everything possible to facilitate my safe departure.

INITIALS HERE _____

At the end of the event, each facilitator is bound by the ethical standards of their profession, which preclude the formation of personal friendships (or social media friendship connections) between facilitators and clients. The foregoing does not preclude, by way of example, social media connections between facilitators and clients for professional or organizational networking. I understand that MenHealing is committed to helping me build community with other survivors. I thereby acknowledge and understand that:

- ...facilitators will encourage me to explore the opportunities within the organization to work with other survivors toward fostering my further healing.
- ...once this event is over, it will be my responsibility to process any reactions, feelings or information I learn with my own support team, including my therapist or seek out supports if I do not currently have them.
-I understand MenHealing does not provide written or oral summaries of my participation to any member of my support team.

INITIALS HERE _____

I understand I am entitled to keep a signed and dated copy of this Statement of Informed Consent. I understand that MenHealing will keep a copy of this signed Consent Form for 7 years.

By signing this Consent Form, I acknowledge that I am of sound mind.

- I hereby release MenHealing, the facilitators for this Weekend of Recovery, and all officers, servants, agents, employees, and volunteers from any and all claims, liabilities, demands, or actions arising from my participation in this Weekend of Recovery.
- I agree MenHealing, the Facilitator Team, and all officers, servants, agents, employees, and volunteers shall be held harmless in any actions taken by me, whether personal, professional, social, or economic as a result of implementation of any concepts, theories, or advice provided during this Weekend of Recovery or any time thereafter in perpetuity.
- I have voluntarily signed this Statement of Informed Consent prior to participation in the Weekend of Recovery, and certify that I have read and fully understand the content herein.
- I voluntarily agree to take part in this Weekend of Recovery and I assume full responsibility for my actions and involvement in the entire event.
- I am in therapy and give my consent for my therapist to complete the Therapist Letter and return to Men Healing. I further understand that my therapist will receive a copy of this signed permission.
OR (choose one)
- I am not currently in therapy.
- I agree that this agreement may be electronically signed. I agree that the printed name appearing on this agreement is the same as my handwritten signature for the purposes of validity, enforceability, and admissibility.**

Name of Participant	Birth Date	Signature Date
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After completing this agreement, please email as an attachment to trishamassa@weekendsofrecovery.org

**If participant elects to opt-out of signing this agreement electronically, please print this agreement, manually sign, scan, and email as an attachment to trishamassa@weekendsofrecovery.org*