

# Grief Recovery Institute

## Participant Release

**Participant:** \_\_\_\_\_

**Parent if under 18 (licensed Specialists only):** \_\_\_\_\_

**Grief Recovery Method Specialist:** \_\_\_\_\_

I am the Participant named above. I want to participate in Grief Recovery Method<sup>®</sup> sessions conducted by a Grief Recovery Method Specialist,<sup>™</sup> certified by The Grief Recovery Institute<sup>®</sup> ("GRI"). I understand that the Grief Recovery Method sessions are not intended to be or substitute for professional medical or mental health services, and I will not rely on the sessions as a substitute for professional medical or mental health services. I understand that my participation will not (i) qualify me to lead or conduct Grief Recovery Method sessions or similar sessions, or (ii) make me a Grief Recovery Method Specialist, certified by The Grief Recovery Institute. I will not receive a license to use GRI's name or any of GRI's trademarks.

### **Confidentiality Statement**

I understand that as a participant in the Grief Recovery Method Online or In-Person Formats, I may have access to personal information about my CGRS. I understand that I am obliged to maintain the confidentiality of this information at all times. I understand I am not to store, discuss, interpret or otherwise relay this personal information. I further understand that violation of these privacy and confidentiality considerations could be subjected to legal action. I agree by my signature that I understand these privacy and confidentiality considerations.

In consideration of receiving the services, on behalf of myself and my representatives, successors, heirs and assigns I release, hold harmless and waive the right to bring any claim against GRI and its affiliates, licensees, employees, directors, officers, shareholders and agents arising from or related to my participation in the sessions, except for claims arising from their reckless or intentionally wrongful acts, including without limitation claims for injury, death, property damage or loss. If this release conflicts with applicable law, I intend to release claims to the extent permitted by applicable law. I consent to taking part in the sessions and see no reason why I am not able to do this. This release applies to all GRM Formats except the HCWL Format, which has a separate release

If I am under 18 years of age, my parent or guardian has signed this release on my behalf.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature if under 18

\_\_\_\_\_  
Date