

# Mind Body NRG, LLC

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## INFORMED CONSENT FOR PARTICIPATION IN LIVE INTERNAL FAMILY SYSTEMS DEMONSTRATION

Thank you for your willingness to participate in this demonstration. Please read this form carefully and in its entirety before signing. You are encouraged to ask any questions before agreeing to participate.

### 1. NATURE OF THE DEMONSTRATION

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I, Kevin Hickman, am a certified Level 3 Internal Family Systems Practitioner offering live demonstrations that explore trauma-related topics. These sessions are conducted in a group setting and may be recorded and/or livestreamed for educational and professional development purposes.

The demonstration may include, but is not limited to:

- Guided conversation about past or present emotional experiences
- Somatic awareness exercises or body-based inquiry
- Emotional processing and re-framing techniques
- Questions or prompts designed to access deeply held beliefs or memories

Kevin Hickman is not a licensed psychotherapist. If you are currently working with a mental health professional, please consult with them before participating.

### 2. VOLUNTARY PARTICIPATION & RIGHT TO WITHDRAW

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Your participation is entirely voluntary. You have the right to:

- Decline to participate without penalty or consequence
- Withdraw from the demonstration at any time, for any reason, without explanation
- Pause or stop the session if you feel overwhelmed or uncomfortable
- Skip any question or topic you do not wish to address

You will not be pressured to continue if you choose to stop. Withdrawing your participation will not affect your access to any future services or events.

### 3. PHOTO, VIDEO & RECORDING CONSENT

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This demonstration will be recorded and/or livestreamed. By signing this form, you acknowledge and agree to the following:

<input type="checkbox"/>	<b>Video Recording:</b> Your image, voice, and likeness may be captured during this session.
<input type="checkbox"/>	<b>Livestreaming:</b> The session may be broadcast live to a virtual or in-person audience.

<input type="checkbox"/>	<b>Distribution:</b> Recordings may be used for educational, marketing, or training purposes.
<input type="checkbox"/>	<b>Retention:</b> Recordings may be retained and shared by Mind Body NRG, LLC indefinitely unless you request removal in writing.

I do NOT consent to being recorded or livestreamed. (Please discuss alternative arrangements with the facilitator prior to the session.)

#### 4. CONFIDENTIALITY & PRIVACY

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The following confidentiality terms apply to this session:

- What you share in this session may be witnessed by other group participants and/or a live or recorded audience.
- Personal disclosures made during the session are not protected by professional therapist-client privilege.
- You are encouraged to share only what you feel comfortable having others hear and potentially see.
- Other participants will be asked to treat shared content with discretion, though this cannot be legally guaranteed.

Exceptions to Confidentiality: The facilitator may be obligated to share information if there is a reasonable concern for the safety of yourself or others, or as required by applicable law.

#### 5. RISKS & EMOTIONAL SAFETY

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Participating in trauma-related demonstrations may surface strong emotions, memories, or physical sensations. You may experience:

- Temporary emotional distress, sadness, or discomfort
- Feelings of vulnerability or heightened sensitivity
- Physical sensations such as tension, fatigue, or restlessness

If you experience distress during or after the session, you are encouraged to reach out to a licensed mental health professional or medical professional. The facilitator is not a licensed therapist and cannot provide clinical treatment or crisis intervention.

#### 6. DISCLOSURE OF ANY MEDICAL OR PSYCHOLOGICAL CONDITIONS

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Do you have any current or previous medical or psychological conditions that could pose a risk during your participation in an Internal Family Systems session?

**List of conditions:**

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## 7. EMERGENCY CONTACT INFORMATION

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In the event of an emotional or medical emergency during the session, please provide the following:

**Emergency Contact Name:**

**Relationship to Participant:**

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**Emergency Contact Phone:**

**Any relevant medical/mental health notes:**

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## 8. ACKNOWLEDGMENT & CONSENT

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By signing below, I confirm that:

- I have read and understand the contents of this consent form.
- I am 18 years of age or older (or have parental/guardian consent).
- I am voluntarily choosing to participate in this demonstration.
- I understand the risks associated with participating in trauma-related work.
- I understand that this is an Internal Family Systems session, not therapy or clinical treatment.
- I have had the opportunity to ask questions and receive satisfactory answers.

**Participant Name:**

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**Signature:**

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**Date:**

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**For facilitator use only:**

**Session Date:**

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**Session Title:**

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**Facilitator Initials:**

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