

Mind Body Nrg, LLC

INFORMED CONSENT FOR PARTICIPATION IN LIVE TRAUMA 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

I, Kevin Hickman, am a Certified Level 3 IFS Practitioner and have been professionally trained by the IFS Institute. I offer IFS sessions that explore trauma-related topics. These IFS sessions will be recorded and presented to other individuals as demonstrations of the IFS model. Most of these sessions will be conducted in a one-on-one setting using the Zoom app. Some sessions may be recorded or livestreamed in a group setting with other live participants.

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

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

By signing this form, you acknowledge and agree to the following:

Yes	Recording: You agree to allow your image, voice, and likeness to be video and audio recorded during this session.
Yes	Posting Video: You agree that the video and audio may be posted on our training platforms, podcasts, and webinars.
Yes	Distribution: You agree that recordings may be used for educational, marketing, or training purposes.
Yes	Retention: You agree that recordings may be retained and posted by Mind Body Nrg, LLC indefinitely unless you request removal in writing.

By writing your initials next to the desired optional items below, you acknowledge and agree to those options:

Your Initials _____	Facial Blurring: You require that your face be blurred out during the editing phase of the video, before being released for viewing by others.
Your Initials _____	Pseudonym: You require that your real name not be revealed anywhere in the video. If your real name is accidentally mentioned during our recording session, you require that it be edited and replaced with your pseudonym before the video is released for viewing by others. You further acknowledge and agree that the Zoom app, which will be used for recording, may have your real name visible on the screen, and that it is your sole responsibility to change the name to your pseudonym prior to our recorded session.
Your Initials _____	Livestreaming: The session may be broadcast live to a virtual or in-person audience.

3A. VIDEO PUBLICATION & EDITORIAL RIGHTS

Publication Discretion: Mind Body Nrg, LLC reserves the right, at its sole discretion, to choose not to publish or distribute a recorded demonstration video. This decision may be based on factors including, but not limited to, the nature of the content, the quality of the recording, or the extent of editing required to prepare the video for release. The Participant acknowledges that the recording does not guarantee publication.

Editorial Rights: Mind Body Nrg, LLC retains the right to edit, cut, or otherwise modify the demonstration video. Editing decisions are made at the sole discretion of Mind Body Nrg, LLC and may include adjustments for length, clarity, content appropriateness, or production quality.

Participant Review Opportunity: Once a final draft of the demonstration video has been completed, the Participant will be given the opportunity to view the draft prior to publication. Following this review, the Participant may submit a written request identifying specific content they wish to have omitted or edited from the video. Mind Body Nrg, LLC will consider all written requests in good faith; however, the final publication decision remains at the sole discretion of Mind Body Nrg, LLC. Requests for omission must be submitted in writing within **5 (five) business days** of the draft being shared with the Participant. Mind Body Nrg, LLC does its best effort to omit or change any information that may identify any individuals other than the participant. However, it is the Participant's sole responsibility to ensure that all identifying references have been removed from the video.

4. CONFIDENTIALITY & PRIVACY

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

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. The facilitator is not a therapist and cannot provide clinical treatment or crisis intervention.

6. EMERGENCY CONTACT INFORMATION

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

Emergency Contact Name:

Relationship to Participant:

Emergency Contact Phone:

Any relevant medical/mental health notes:

7. ACKNOWLEDGMENT & CONSENT

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 IFS session, not therapy or clinical treatment.
- I have had the opportunity to ask questions and receive satisfactory answers.

Participant Name:

Signature:

Date:

Mind Body Nrg, LLC

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK

This Release of Liability (“Release”) is entered into voluntarily by the undersigned participant (“Participant”) in connection with their participation in a live trauma-focused IFS demonstration facilitated by Mind Body Nrg, LLC and its representatives, practitioners, staff, and affiliates (collectively, “Facilitator”).

Please read this document carefully before signing. By signing, you are giving up important legal rights.

1. ASSUMPTION OF RISK

The Participant acknowledges and voluntarily assumes all risks associated with participation in trauma-focused demonstrations, including but not limited to:

- Emotional distress, discomfort, or psychological reactions arising from the discussion of trauma-related content;
- Re-experiencing of traumatic memories, flashbacks, or heightened emotional states;
- Physical responses including, but not limited to, muscle tension, fatigue, or somatic discomfort;
- Exposure of personal disclosures to group participants, live audiences, or recorded viewers;
- The inherently unpredictable nature of processing trauma-related material in a group or public setting.

2. RELEASE AND WAIVER OF CLAIMS

In consideration of being permitted to participate in this demonstration, the Participant, on behalf of themselves and their heirs, personal representatives, and assigns, hereby releases, waives, discharges, and agrees not to sue Mind Body Nrg, LLC, its owners, facilitators, practitioners, employees, volunteers, agents, and representatives (collectively, the “Released Parties”) from any and all liability, claims, demands, actions, or causes of action arising out of or related to:

- Any emotional, psychological, or physical harm, loss, or damage sustained during or after the session;
- The use of recorded or livestreamed content in which the Participant appears, as authorized under the recording consent section of the Informed Consent form;
- Any third-party disclosure of information shared by the Participant during the group session;
- The negligence of the Released Parties, except where prohibited by applicable law.

3. INDEMNIFICATION

The Participant agrees to indemnify, defend, and hold harmless the Released Parties from and against any claims, liabilities, damages, costs, or expenses (including reasonable legal fees) arising from the Participant’s participation in the demonstration, violation of this Release, or breach of any representation made herein.

4. NO CLINICAL OR THERAPEUTIC RELATIONSHIP

The Participant acknowledges that the Facilitator is a Certified Level 3 IFS Practitioner, not a licensed mental health professional, therapist, psychologist, or medical provider. Nothing in this demonstration constitutes psychological treatment, psychotherapy, diagnosis, or clinical intervention. The Participant agrees not to hold the Facilitator liable for outcomes that might otherwise be expected of a licensed clinical professional.

5. SEVERABILITY AND GOVERNING LAW

If any provision of this Release is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect. This Release shall be governed by the laws of the State of Arizona, without regard to its conflict of law provisions.

6. PARTICIPANT ACKNOWLEDGMENT

By signing below, the Participant certifies that:

- They are 18 years of age or older;
- They have read this Release in its entirety and understand its contents;
- They are signing this Release freely and voluntarily, without duress or coercion;
- They have had the opportunity to consult with legal counsel prior to signing.

BY SIGNING BELOW, THE PARTICIPANT ACKNOWLEDGES THAT THEY HAVE READ THIS RELEASE, UNDERSTAND ITS TERMS, AND AGREE TO BE LEGALLY BOUND BY IT.

Participant Name:

Signature:

Date:
