Russell V. Richard, LCSW

Consent for Shadow Work® Coaching Form

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that Shadow Work® Coaching may involve strenuous and vigorous physical, mental, intellectual and emotional activity including, but not limited to, role playing, interactive games and exercises that may tax my physical, intellectual, mental and emotional capacity. I understand that Shadow Work® Coaching may pose a risk of physical or other injury to myself. I understand and acknowledge that my participation in Shadow Work® Coaching and in every separate part thereof is purely voluntary and that at all times I will be free to choose to NOT to participate in any part or all of the coaching process. I acknowledge my own responsibility for exercising my own judgment and initiative in choosing what parts of coaching, if any, I will participate in. I acknowledge that my choices and my actions pose a risk of physical or other injury to myself. By this consent I knowingly and voluntarily assume the risk of any physical or other injury to myself during the coaching. I hereby release Russell V. Richard, LCSW and its staff from any and all liability for physical or other injuries to myself. I hereby agree to indemnify and hold harmless Russell V. Richard, LCSW and its staff of all liability, claims, suits and damages for any physical or other injury to myself.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that the activities described above may be more physically, mentally or emotionally demanding than my usual physical activities. To the extent that I have any physical, mental or emotional disability which would impair my ability to participate in the activities and exercises described above, I have made written reference to each such disability on the Confidential Information Sheet, and in the event I have made no such reference to any such disability, I represent to Russell V. Richard, LCSW and its staff that I have none.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Russell V. Richard, LCSW and its staff to take any and all reasonable steps on my behalf in the case of any physical or other injury or condition I might suffer during Shadow Work® Coaching sessions. Russell V. Richard, LCSW and its staff may apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment of Russell V. Richard, LCSW and its staff may be deemed reasonable or necessary. I hereby agree to indemnify and hold harmless Russell V. Richard, LCSW and its staff from any and all liability, claims, suits and damages, including, but without limitation, the cost arising out of or with respect to the engagement of such services and/or personnel on my behalf. Further, I hereby knowingly and voluntarily release Russell V. Richard, LCSW and its staff from any liability for any physical or other injury that I may suffer as a result of their engagement of such services and/or personnel on my behalf.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that any information I disclose about certain illegal activities could be reported to authorities as required by the mandatory reporting statutes in the state in which this coaching session is being conducted.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Russell V. Richard, LCSW

Confidential Information Sheet

Please answer the following questions to the best of your ability. You may attach another sheet if necessary. This information is strictly confidential. Only your coach(es) will have access to it. No copies will be made and this sheet will be destroyed at the conclusion of your final coaching session.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been in therapy? If yes, please explain.
2. Have you ever experienced flashbacks or extreme fear about physical touch? Do you have memories of physical, sexual or ritual abuse? If yes, please explain.
3. Do you have any history as the victim or perpetrator of violence? If yes, please explain.
4. Have you, or anyone in your family, ever been suicidal? If yes, please explain.
5. Do you have any physical injuries or limitations?

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Confidential Information Sheet (con’t)

1. Have you ever lost a close family member or friend to death? If yes, please explain briefly.
2. What your addictions? What have you been addicted to in the past?
3. Do you have a spiritual practice or belief? If so please describe what you have faith in.
4. Are you currently in a “mate” relationship and do you have children?
5. If you were to need some additional support or help in your local area to integrate the work you do in Shadow Work® Coaching, what kind of support is available to you? Do you belong to a close support network or would you be willing to seek therapy?

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