



Personal Information

Name:
I confirm I am over 18 years of age: Yes / No
Preferred email address:
Phone Number(s):
Emergency Contact Name:
Emergency Contact Number:
Relationship to Contact:

I, the undersigned, understand my own mental health, and having knowledge that my participation in a peer to peer support group may bring up potentially difficult emotions and situations, am voluntarily participating in The Ironwood Project's Partners Workshop being held on Saturday, April 6th, 2019.

Having such knowledge, I hereby acknowledge this release for any representatives, agents or successors from liability from any psychological distress that may arise from my participation in The Ironwood Project's Partners Workshop. I hereby assume all risks connected therewith and consent to participate in said group.

I agree to disclose any psychological impact or potentially difficult emotions to my group facilitator which might impact my participation in the workshop or my emotional well-being.

Signature:	Date:
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