

**Consent to Participate, Release, and Waiver of Liability
Compassionate Integrity Training**

Participants in Compassionate Integrity Training (“CIT”) events must understand and complete this waiver in order to participate in CIT courses. If you do not understand or agree to the waiver or have questions about it, please contact the Center for Compassion, Integrity and Secular Ethics at compassion@life.edu before participating.

I, the undersigned, consent to participate in a CIT event and accept full responsibility for my health and voluntarily complete this Consent to Participate, Release, and Waiver of Liability. I agree to enter this consent, release, and wavier of liability.

I understand and agree that the services and tools offered by the Center for Compassion, Integrity and Secular Ethics are not intended to replace or be a substitute for medical or psychiatric care. CIT is not a therapeutic intervention for any disorders identified in the Diagnostic and Statistical Manual of Mental Disorders or any other medical reference, and is not intended to be used as such. I acknowledge that the CIT event may at times make participants feel uncomfortable or vulnerable. By completing this consent, release, and waiver of liability, I assume all risks for any physical or mental consequences of participating in the CIT event.

By signing this consent, release, and waiver of liability, and in consideration for Life University allowing me to participate in the CIT event, I also specifically and expressly agree to hold harmless, indemnify, and release Life University, and all training staff, and their respective employees, collaborators, agents, associates, and affiliates from any and all liability arising from my participation in the CIT event or arising from the results of the educational guidance and other content that will be or has been provided in the CIT event.

I also acknowledge and agree that any personal information shared in the CIT event by other participants is to be maintained as confidential. I will not disclose any personal information shared in the CIT event outside the CIT event or in any form of media.

I understand that Life University may terminate my participation in the CIT event: (i) at any time in its sole discretion; or (ii) if I violate the terms of this agreement or Life University Policies or Procedures.

I have read this document carefully and I consent to and voluntarily choose to participate in the CIT event described herein. I certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge that it is a legally binding agreement under Georgia law.

Printed Name of Participant

Signature of Participant

Today’s Date