

Mindful Dance Informed Consent

Kennesaw State University: Office of Student Advocacy
Facilitated by: Mary Katherine Martin, LCSW

Welcome to Mindful Dance, a therapeutic group aimed to help you understand and use mindfulness and the holistic practice of dance, breathing exercises, yoga, creative expression and relaxation exercises. Our hopes are to facilitate you in learning and practicing mindfulness, breath work, guided imagery and yoga/dance postures that will assist you in reconnecting with your body and tap into emotions that may be stored in the body in order to create conditions most conducive to emotional well-being. In order to promote a trusting and productive counseling relationship, the following is provided for your understanding and consent.

Informed Consent

During Mindful Dance, facilitators will model and describe activities to facilitate you achieving increased awareness of your thoughts and emotions as well as physical relaxation. Should any symptoms, pain, discomfort, or other concerns occur or change at any point, you are to immediately inform group facilitators, as necessary adjustments may be appropriate. Please listen to your body and feel free to stop or alter postures as needed. You understand that there exists the possibility of bodily injury during the sessions. You understand that you should consult with your physician and obtain consent prior to beginning therapy. You also understand that you have been advised to consult with a physician and therapist if you have not done so. You understand that group facilitators are not licensed physicians. You understand the facilitator's training, and this has been reviewed with you.

Consent to Participate in Mindful Dance and Release

My signature below indicates I have read the preceding consent and I am satisfied that I understand the nature of this workshop. I release Mary Katherine Martin LCSW, the Kennesaw State Office of Student Advocacy, and the Zuckerman Museum of Art from any and all liability that may occur in connection with the above-mentioned practices including malpractice, non-disclosure, or lack of informed consent. I freely assume any and all risks of the treatment whether presently contemplated or hereinafter discovered. I voluntarily agree to participate in the Mindful Dance group.

Client Name

Printed Date

Client Signature