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## CONSENT TO PARTICIPATE AND WAIVER OF LIABILITY

*8-Week Mindful Self-Compassion Course (MSC), Short Course in Mindful Self-Compassion (SC-MSC), Self-Compassion for Health Care Providers Course (SCHC)*

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I voluntarily agree to participate in activities of the MSC, SC-MSC, or SCHC course and assume all risks of injury to me and my property that may be sustained in connection with activities undertaken during the program.

I understand that MSC, SH-MSC, and SCHC are compassion skills training programs and not personal or group therapy of any kind. I understand that I am ultimately responsible for my own personal safety and emotional well-being, and will not push myself to do anything that feels distressing. If I feel overwhelmed, I will stop or modify what I am doing until I feel comfortable again. If needed, I can consult a teacher regarding personal matters related to the program, but I understand that the opinions of others are not a substitute for caring for myself.

I understand that the teachers are not expected or able to provide medical and/or psychological care. I agree that, in the event that a teacher determines that I need professional medical or psychological attention, I will use any resources available to me including calling 911 or asking someone at my location to call 911. The teachers have the authority and sole discretion to contact the designated emergency contact person.

I understand that this course may be held online. Course teachers respect my privacy and will maintain the confidentiality of our communications to the best of their abilities. I acknowledge that the teachers cannot guarantee the privacy or security of courses if provided through the internet. By participating in this course, I am accepting the risk that my information may be seen or accessed by unauthorized third persons.

By signing this release and consent I also specifically and expressly agree to hold harmless, indemnify and release all facilitators and teachers of this program and/or facility from any and all liability for the results of the educational guidance that will be or have been provided. I have read this agreement and fully understand its contents. I sign it of my own free will. I am of legal age and accept the above disclaimer and authorization.

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Participant Signature

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Date