



Resilience1220

32003 Ellingwood Trail
Evergreen, CO 80439
720-282-1164

AGREEMENT TO PARTICIPATE IN GROUP ACTIVITY

This document pertains to group activity services provided at Resilience 1220. Please read the below information carefully and let me know if you have any questions or concerns about participating in a group activity at Resilience 1220.

Description of the Activity:

The activity is called _____ and will be held on _____ at _____.

The purpose of the activity is to provide the opportunity to achieve the following goals:

1. _____
2. _____
3. _____

Benefits of Participation:

Participating in the activity can provide numerous benefits, including but not limited to, increased socialization, team building, and personal growth.

Risks of Participation:

Although every effort will be made to ensure the safety of all participants, there may be some risks associated with participation in the activity, including but not limited to, accidental injury, physical exertion, and emotional discomfort. Although the group activity ground rules request that participants not share or disclose information gleaned about others, there is no guarantee that confidential information shared will not be disclosed by another group activity participant. Confidentiality will be maintained between the participant and group facilitator(s).

Rules and Expectations:

To ensure the safety and success of the activity, the following rules and expectations will apply:

- Participants are expected to follow all safety rules and instructions given by the activity facilitators.
- Participants are expected to treat others with respect and kindness.
- Participants should dress appropriately for the activity and wear appropriate footwear.
- Participants are expected to participate fully in the activity to the best of their ability.
- Participants should inform the activity facilitators of any medical or other issues that may affect their participation in the activity.

Informed Consent:

I understand that by participating in the activity, I am assuming the risk of any and all harm that may result from my participation, including any injury, loss, or damage to person or property. I acknowledge that I have been informed of the nature and purpose of the activity, the risks associated with participation, and the rules and expectations that will apply. I understand that I should consult with a physician before participating in the activity if I have any medical or health concerns.

Confidentiality

Confidentiality between you and the group activity facilitator. Generally speaking, the information provided by and to you during activity sessions is legally confidential and the facilitator cannot be forced to disclose confidential information without your consent. However, there are exceptions to this confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-245-220. You should be aware that provisions concerning disclosure of confidential communications do not apply to any delinquency or criminal proceedings, except as provided in C.R.S § 13-90-107. There are additional exceptions that I will identify to you as the situations arise during treatment or in our professional relationship. For example, I am required to report child abuse or neglect situations; I am required to report the abuse or exploitation of an at-risk adult or elder or the imminent risk of abuse or exploitation; if I determine that you are a danger to yourself or others, including those identifiable by their association with a specific location or entity, I am required to disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened; if you become gravely disabled, I am required to report this to the appropriate authorities. I may also disclose confidential information in the course of supervision or consultation in accordance with my policies and procedures, in the investigation of a complaint or civil suit filed against me, or if I am ordered by a court of competent jurisdiction to disclose such information. You should also be aware that if you should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from harm.

By signing below, you affirm that you have read and understand this document, you have discussed anything herein that you did not fully understand, you have had your questions answered fully, you agree to abide by the terms of this document during our professional relationship, and you consent to receive the services described herein.

Name (Please Print)

Signature

Date

If Applicable: (If youth is under the age of 12)

Parent/Legal Guardian Signature (Please specify relationship to client)

Date