

Eating Disorder and Body Image Skills Group Release Form and Waiver of Liability

I hereby agree to the following:

1. I am participating in the Eating Disorder and Body Image Skills Group offered by Pamela Singer, Psy.D., during which I will receive psychoeducation and information and instruction about CBT and DBT tools for eating disorder-related symptoms. This group will meet for 90 minutes each week. I will be encouraged to, but not required to, participate in discussion of skills. Participation is voluntary. I agree to the group rules which include:

- I will arrive on time and give notice by phone if I am unable to avoid tardiness.
- I will respect each member's personal space and safety, not touching other group members even to offer support or a hug unless I have asked permission. I will receive the same respect from all group members and group leader.
- I will respect the guidelines of communication set in first meeting designed to create safety for myself and all group members.
- I recognize that this is not a weight management group, and the goal is recovery from an eating disorder—not weight loss.
- I will not discuss weight, calories, or numbers in group.
- I will complete home practice assignments to the best of my ability and recognize that support is available between sessions if I need assistance in utilizing skills.

2. **Payment:** I understand the cost of sessions (\$1020 for the course based on a cost of \$85 per group). I understand that if I sign up for the group class, I am signing up for and purchasing a series of 12 classes and will pay the full fee of \$1020 (\$510 upon reserving a spot, and \$510 before the first session) prior to beginning the series, unless a payment plan is otherwise specified with Dr. Singer. I understand that payment can be made through check, cash, or VenMo.

Regarding Refunds: I understand that the deposit of \$510 is non-refundable or transferrable. I understand that if I choose to leave the group before the second group meeting, the remaining \$510 will be refunded. If I leave the group before the third group meeting, \$350 will be refunded. If I leave the group after the third group meeting, no refund will be given.

3. I acknowledge and understand that this is a skills group and is not a substitute for psychiatric and psychological care, medical attention, examination, diagnosis, or treatment. I understand that I will not be participating in individual psychotherapy with my group instructor, and that in this context Pamela Singer, PsyD, is my group instructor, and not my primary psychologist. If I require psychiatric care, I have or agree to obtain a therapist and/or psychiatrist.

4. If I have a psychiatric emergency, I will discuss it with my therapist or psychiatrist, call 911, and/or go to the nearest emergency room. I understand that the group sessions offered by Pamela Singer, PsyD, are not designed to address psychiatric emergency. If I am in a state of psychiatric or medical emergency, I will use emergency services rather than attend the group session.

5. I am aware that there is no obligation for any person to provide me with medical care during the group sessions, and that no medical professionals will be on site during the sessions.

6. I acknowledge that it is my responsibility to tell the group instructor if I have any complication that would prevent my full participation, including if this complication arises even after my enrollment in the series has begun.

7. I understand and acknowledge that if the group leader has reason to believe it is not safe for me to participate in group due to my illness—for example, my weight is dropping dangerously low, or I appear unable to focus in group due to worsening symptoms—I may be asked to leave the group. The refund policies that apply if I choose to leave the group (see #2) are applied the same if I am asked to leave by the group leader.

8. “Claims” includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with attending the eating disorder and body image skills group sessions. “Released Parties” include Pamela Singer, PsyD, the owners and landlords of the space in which she teaches, and any teacher’s assistants present during the classes. I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or Claims I may have, now or in the future, against any Released Party, resulting from or related to my participation in the skills group sessions. I agree not to sue any Released Party for Claims, even if the Claims arise from the carelessness, negligence or gross negligence of any Released Party or anyone else. I agree to indemnify (reimburse for any loss) and hold harmless each Released Party from any loss or liability (including any reasonable legal fees they may incur) defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the carelessness or negligence of any Released Party or anyone else.

9. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

10. I have fully read and understand this agreement. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against the Released Party.

I have read the above release and waiver of liability and fully understand its contents. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Signature of participant, parent or guardian

Date