**Full Circle Spirituality Sangha Waiver**

I understand that I am wholly responsible for my health and safety for the duration of our practice time, from its advent to close, and hereby waive and hold harmless Pastoral Care & Counseling Institute of Durham and Chapel Hill, Full Circle Spirituality (Full Circle Spirituality Sangha), Kristin Leonheart, and Francesca Morfesis from any liability whatsoever resulting from my participation. I understand meditation and spiritual practice pose certain risks, and agree not to hold Pastoral Care & Counseling Institute of Durham and Chapel Hill, Full Circle Spirituality (Full Circle Spirituality Sangha), Kristin Leonheart, and Francesca Morfesis responsible or liable in the event of any accident, illness (mental or physical), physical injury or emotional distress resulting from my participation in this practice period. I understand that I am fully responsible for obtaining any necessary medical or mental health treatment should any accident, illness or discomfort arise during my practice time. I understand that while Francesca Morfesis and Kristin Leonheart may use psychological terminology during our practice time, they are not practicing therapy. I understand that the teachings they offer, their responses to participants and their holding space for Full Circle Spirituality are not therapy or group therapy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_