

Support Group Participation Waiver & Informed Consent

Group Name: Animal Advocates Support Group

Facilitating Organization (if any): Bark & Bray Farm and Animal Sanctuary Inc

Facilitator(s): Jennifer Taylor

Participant Name: _____

Date: _____

1. Nature of the Group

I understand that this support group is intended to provide peer support, education, and facilitated discussion. The group is not a substitute for individual psychotherapy, medical care, psychiatric treatment, or crisis services.

While the facilitator may have training or experience in mental health, animal care, or related fields, participation in this group does not establish a therapist–client relationship.

2. Voluntary Participation

I understand that my participation in this group is completely voluntary. I may choose how much I share and may withdraw from the group at any time without penalty.

3. Emotional Risk

I understand that discussing personal experiences, stress, grief, trauma, or burnout may bring up strong or uncomfortable emotions. I accept responsibility for monitoring my own emotional well-being and seeking additional support if needed.

4. Confidentiality

The facilitators agree to uphold confidentiality to the extent possible within a group setting.

However, I understand that confidentiality cannot be guaranteed, as other participants are also present.

I agree to:

- Respect the privacy of other group members

- Not share identifying information or personal stories outside the group

5. Limits of Confidentiality

I understand that confidentiality may be broken if:

- There is a concern about imminent harm to myself or others
- There is suspected abuse or neglect of a child, elder, or dependent adult
- Disclosure is otherwise required by law

6. Not a Crisis Service

I understand that this group is not a crisis intervention service. If I am in crisis or experiencing thoughts of self-harm or harm to others, I agree to seek immediate help by contacting:

- 911 (or local emergency services)
- 988 Suicide & Crisis Lifeline (U.S.)
- A trusted mental health professional

7. Release of Liability

To the fullest extent permitted by law, I release and hold harmless the facilitators, organizers, and sponsoring organization from any claims, demands, or liability arising from my participation in this group, except in cases of gross negligence or willful misconduct.

8. Consent

By signing below, I acknowledge that:

- I have read and understand this waiver
- I have had the opportunity to ask question

- I agree to the group facilitator contacting my emergency contact on my behalf in case of emergency
- I voluntarily agree to participate under these terms

Participant Signature: _____

Printed Name: _____

Date: _____

Physical address:

Phone number:

Email:

Emergency contact name and number: