**DECLARATION AND CONSENT AGREEMENT**

**PLEASE READ CAREFULLY AND THEN TICK EACH SECTION TO CONFIRM THAT YOU FULLY UNDERSTAND AND AGREE TO EACH POINT.**

**Declaration**:

* I confirm that all of the answers and other information included in the Enrolment Form that I submitted to attend the Process and that I supplied verbally on the telephone to the Hoffman Enrolment Team were true and complete when given and remain true and complete at the date of this Declaration.
* I did not omit anything relevant when completing the Enrolment Form, and I understand that it is my responsibility to notify Hoffman of any change in my circumstances between now and the beginning of the course that may impact on my Process experience.
* I have read and understood the Hoffman Institute **Terms and Conditions including the Process Ground Rules**, and I agree to them.

**Consent**:

* I accept that the Hoffman Process is a week-long intensive experiential educational programme based on humanistic and spiritual principles that may assist in my personal growth. I understand that Hoffman Process teachers are not required to be licensed psychiatrists, psychologists or psychotherapists. I further understand that the Hoffman Process is not intended to be psychotherapy or medical therapy or a substitute for either.
* I do not have any doubts about my mental, emotional or physical ability to handle the Hoffman Process. Any doubts I may have had were resolved by me before I decided to enrol by consulting a physician, psychotherapist or psychologist knowledgeable about the Hoffman Process who has no objection to my participation in the Hoffman Process.
* I accept that the Hoffman Institute offers no guarantee of success with physical, emotional or mental complaints from participation in the course, nor with improvement in general wellbeing. I accept full responsibility for my own participation in the Process and for all results.
* I understand that the Hoffman Process may involve physical contact, such as hugging, and if I do not consent to this, I will tell a facilitator that I object before or at the time contact occurs.
* I understand that the Hoffman facilitators intend to be respectful and compassionate in order to help participants move through old behaviours and self-beliefs. However, I am aware that during the Process, there may be times when I may experience their behaviour as challenging or confrontational. If I feel undue pressure, beyond the parameters of the course, I will speak to the course supervisor.
* I am voluntarily choosing to participate in the course, and I feel sufficiently informed to make this choice. If I feel mental or physical discomfort, severe emotional distress or adverse effects while completing my pre-course work or during the Hoffman Process itself, I will inform a member of the Hoffman UK team as soon as possible.
* I understand I am free to leave the Hoffman Process at any time for any reason. If I feel I need assistance from anyone, professional or otherwise, I take full responsibility for leaving the Hoffman Process and obtaining it for myself.
* I agree that the Hoffman Process, including arrival at the Process venue, pre-registration and the post-Process weekend, is a private and personal experience for each participant. I agree to respect the confidentiality of all participants and their remarks and actions, and I agree to keep all such information private and confidential. I also agree to respect the confidentiality, identity and experience of any Hoffman participant worldwide. I accept that photography, video and sound recording are not permitted at the venue before, during or after the Process week.
* I agree that my contact details (as specified by me) can be circulated after the course ends, to my specific Hoffman Process group.
* I agree that any serious or persistent breach of the **Terms and Conditions** **including the Process Ground Rules**, or behaviour that is detrimental to the participation of others, may result in my immediate exclusion from the course without refund or compensation.
* I agree that if I have made or make any false or inaccurate statements or claims, the Hoffman Institute will be relieved of all responsibility for any related issue.
* I agree that neither the Hoffman Institute nor its individual representatives will be held responsible for any injury, effect or discomfort I may suffer as a result of my participation. If I am pregnant or have a pre-existing medical condition, I confirm that I have already supplied the Hoffman Institute with a letter of consent from my GP and I understand the risks inherent in my participation on the course.

**I agree and confirm the above Declaration and Consents, and confirm that I have read and agree to the Terms and Conditions including Process Ground Rules.**

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­**Signature Date**

**Printed Name Course Date**

**GDPR Statement**  
*This form is the property of the Hoffman Institute UK Ltd. Both a digital and a printed copy of your completed form will be kept securely by the Hoffman Institute UK as part of your student record in perpetuity under the lawful basis of contract. Should you wish to query or object to this, please contact the Hoffman UK office.*