

PARTICIPATION AGREEMENT FORM

I _____ AGREE TO:

- * *participate in any "treatment plans" for consulting services.*
- * *To check group updates at least once a day.*
- * *I agree that if I'm going to miss a consulting session I will let Hillary know in a timely fashion.*
- * *I agree that it is my responsibility to discuss my therapeutic goals and reasons for attending. Also, I understand that no one is going to force me to talk or reveal difficult material before I am ready to do so.*
- * *I agree that I am in control of my life, my decisions, and my effort put towards this Challenge and my journey to an improved me. I understand that IF I do not complete the tasks, activities, and consults as directed, I will not get the full benefits from this challenge.*
- * *If I have any concerns about the tasks or activities introduced, I will contact Hillary and let her know that there is an issue.*

Name _____

Signature _____

